

TABLE OF CONTENTS

Foreword and Acknowledgment..... i
 Message from the Health Services Category
 Chief Professional Officer ii

CHAPTER **PAGE**

1. HEALTH SERVICES OFFICERS OF THE U.S. PUBLIC HEALTH SERVICE 1-1
 The Role of the Health Services Officer in the Public Health Service..... 1-1
 Health Services Professional Advisory Committee..... 1-2
 The Chief Health Services Officer..... 1-3

2. HISTORY OF THE HEALTH SERVICES CATEGORY..... 2-1

3. THE COMMISSIONED CORPS PERSONNEL SYSTEM..... 3-1
 Administration 3-1
 Appointment Standards..... 3-2
 Assignments..... 3-2
 Promotion..... 3-2
 Regular versus Reserve Corps 3-3
 Assimilation 3-3
 Billets 3-3
 Salary 3-4
 Leave..... 3-4
 Benefits 3-4
 Separation 3-4
 Retirement..... 3-5

4. CAREER DEVELOPMENT AND TRAINING 4-1
 Introduction..... 4-1
 Five Steps to Career Development 4-1
 Conclusion 4-4
 The Commissioned Officers’ Effectiveness Report (COER) 4-5
 Preparing for Promotion 4-6
 Electronic Official Personnel Folder Format..... 4-8
 Preparing the eOPF Curriculum Vitae..... 4-9
 The Health Services Mentor Program..... 4-13

5. HEALTH SERVICES OFFICER AWARDS.....	5-1
The Stanley J. Kissel Award.....	5-1
The Joseph Garcia, Jr., Award.....	5-3
The Health Services Officer Awards Guide	5-5
6. PROFESSIONAL REGISTRATION, CERTIFICATION, AND LICENSURE.....	6-1
Clinical Psychology.....	6-1
Dental Hygiene	6-1
Medical (Health) Records Administration.....	6-1
Medical Technology	6-2
Optometry	6-2
Physician Assistant	6-2
Podiatry	6-2
Social Work	6-2
7. BENEFITS.....	7-1
Military Benefits	7-1
Department of Veterans Affairs (VA) Benefits.....	7-4
Soldiers and Sailors Civil Relief (SSCR) Act.....	7-4
8. ADDITIONAL RESOURCES.....	8-1
Uniforms	8-1
Replacement Ribbons	8-2
Office of Commissioned Corps Force Management	8-3
Office of Commissioned Corps Directory and Contacts	8-9
Surgeon General’s Policy Advisory Council.....	8-13
Commissioned Corps Liaisons	8-13
Health Services Category Communication Tools.....	8-20
Office of Force Readiness and Deployment	8-20
Public Health Service Disaster Medical Assistance Team (PHS-1 DMAT)	8-21
Common Acronyms	8-21
9. MILITARY PROTOCOL, COURTESY, AND UNIFORMS	
Protocol.....	9-1
Courtesy	9-4
Uniforms	9-5

APPENDICES

APPENDIX A – Standard HSO Billets	A-1
APPENDIX B - Health Services Category Divisions and Discipline Codes	B-1

ACKNOWLEDGEMENT AND FOREWARD

On behalf of the 2004 Health Services Professional Advisory Committee (HS-PAC), I hope that you will find this 6th Edition of the *Health Services Officers Resource Director* a useful information resource for newly commissioned health services officers, as well as all officers progressing through their careers in the United States Public Health Service Commissioned Corps.

I would like to acknowledge the contributions made to updating the material in this document by CDR Sylvia Tetzlaff, CDR Craig Wilkins, CDR David de la Cruz, CDR Christopher Bersani, LCDR Kim Walker, LT Frances Placide, LT Stacey Gooding and LT Michelle Colledge.

Also this *Resource Directory* was made possible through the special editing and content review provided by our *Resource Directory* Review Team; CAPT Ray Clark, CAPT Linda Brown, CDR Sylvia Tetzlaff, CDR Jane Martin-Heppel and CDR Craig Wilkins. And finally I would like to recognize members and volunteers of the 2004 HS-PAC Policy Sub-Committee who provided oversight in updating this resource directory; CAPT Jose Belardo, CDR Kellie Clelland, CDR Craig Wilkins, LCDR Kim Walker, LCDR Jean Plaschke, LCDR Celia Gabrel, LCDR Karen Smith, LCDR Ronald Nowalk and LT Helen Hunter.

Your HS-PAC continues to strive to bring the vital information that each Health Services Officer needs to grow as a leader and as a significant contributor to the mission of the Corps. I would also like to encourage you to e-mail us your comments as to how we can continue to improve our services to you through our HSO Internet Home Page at www.usphs-hso.org.

Sincerely yours,

CDR Jane Martin-Heppel, M.Ed., M.H.S.
Chair, HS-PAC
December 2004

HEALTH SERVICES OFFICERS – RESOURCE DIRECTORY

MESSAGE FROM THE HEALTH SERVICES CHIEF PROFESSIONAL OFFICER



Welcome to the 6th Edition of the **Health Services Officers Resource Directory** updated by the Health Services Professional Advisory Committee (HS-PAC). It provides a useful guide to a variety of topics of concern to HSOs including hints on career development and training, including preparation for promotion and the Health Services Mentor Program; military protocol, courtesy, and uniforms; and benefits. Our goal is to provide a document that will introduce you to the Health Services category and assist you throughout your career. I encourage you to take a fresh look at the material presented and to use this directory often as a valuable reference. The directory is posted on the HS-PAC website (www.usphs-hso.org) where it can be easily accessed by potential candidates interested in the Public Health Service (PHS) and the Health Services category. It will also allow the HS-PAC to keep telephone numbers and other contact information current. Please let me (email: brownl@mail.nih.gov) or other HS-PAC members know if there are additional topics that you would like to see included in subsequent directories.

Another useful communication tool that the HS-PAC maintains is the Health Services listserv. The HS-PAC and I use this mechanism to send important information to you and to request input on issues of interest to the category, the Office of Commissioned Corps Operations, the Office of Commissioned Corps Force Management, and the Office of the Surgeon General. We try to enroll all active duty HSOs by updating our files on a quarterly basis. However, to insure that we have your email address if it changes, please send your new email address to CDR Bill Rowell at bill.rowell@noaa.gov.

I am honored to represent such a diverse and dynamic group of officers. Health Services is the fourth-largest PHS category with almost 800 active duty officers who are involved in a wide variety of clinical, administrative, and scientific disciplines. HSOs provide vital contributions to the health of the Nation and are an invaluable resource to the Office of the Surgeon General, the PHS and other governmental agencies, and the American public. Thank you for your contribution and support.

CAPT Linda Morris Brown, MPH, DrPH
Health Services Chief Professional Officer
December 2004

CHAPTER 1

HEALTH SERVICES OFFICERS OF THE U.S. PUBLIC HEALTH SERVICE

The Role of the Health Services Officer in the Public Health Service

The mission of the Public Health Service (PHS) Commissioned Corps is **"Protecting, promoting, and advancing the health and safety of the Nation."**

As America's uniformed service of public health professionals, the Commissioned Corps achieves this mission through:

- rapid and effective response to public health needs,
- leadership and excellence in public health practices, and
- the advancement of public health science.

In support of this mission, Health Services Officers (HSOs) bring expertise in 40 different disciplines. Also, HSOs are looked upon as flexible and able to contribute to missions in ways that are not part of their commissioning degrees. Therefore, it is important for HSOs to continue additional training and experiences beyond what is required by their current billet.

Health Services Officers are an important component of the PHS Commissioned Corps. Approximately 13 percent of all PHS commissioned officers with a rank of O-2 or higher are HSOs. They serve in all agencies of the Department of Health and Human Services, including the Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Center for Medicare and Medicaid Services (CMS), Agency for Toxic Substances and Disease Registry (ATSDR), Agency for Healthcare Research and Quality (AHRQ), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the Secretary (OS). Many HSOs serve in other Federal agencies such as the Immigration and Naturalization Service (INS), U.S. Coast Guard (CG), Federal Bureau of Prisons (BOP), the Department of Homeland Security (DHS), Environmental Protection Agency (EPA), and the National Oceanic and Atmospheric Administration (NOAA), and the Department of the Interior.

Health Services Officers hold qualifying degrees from accredited clinical, scientific, technical, and administrative programs. Professionals from the Health Services category provide a wide variety of professional skills and training to accomplish the mission of the PHS. Disciplines represented within the Health Services category include biological, physical and environmental sciences, optometry, clinical psychology, social work,

podiatry, medical technology, dental hygiene, medical records administration, physician assistant, information technology, health education, health care administration, and other public health specialties.

Health Services Professional Advisory Committee

The Health Services Professional Advisory Committee (HS-PAC) is comprised of up to 18 health services professionals (both officers and civilians in HSO disciplines are eligible). The HS-PAC operates based upon a Charter and Bylaws of written rules and procedures. Additionally, the HS-PAC provides advice and consultation to the Surgeon General and the Chief Health Services Officer on issues related to the professional practice and personnel activities of the Health Services category of the Commissioned Corps. HS-PAC members are chosen from various agencies and organizations in which HSOs serve. HS-PAC members represent a cross-section of the concerns, interests, and responsibilities of all HSOs. The HS-PAC has seven permanent subcommittees: Communications; Policy Development; Recruitment and Retention; Membership; Mentoring; Readiness; and Awards. The HS-PAC subcommittees address a variety of topics such as special pay and allowances, appointment standards, career development, the Health Services mentoring program, the Associate Recruiter Program, the HSO electronic newsletter (the *HSO NewsByte*), the HSO Home Page, (<http://usphs-hso.org>), and the HSO Listserv. These subcommittees are chaired by HS-PAC members; however, **all HSOs are encouraged to participate, and anyone can volunteer to assist on any subcommittee (except Membership)**. The PAC welcomes volunteers! Officers may contact any HS-PAC member to become involved. A list of PAC members is found on the HSO Home Page. In addition, the PAC has formed a number of HSO Professional Advisory Groups (PAGs) to address discipline-specific issues. At this writing, there are PAGs for Social Work, Health Administration, Information Technology, Dental Hygiene, Optometry, Clinical Psychology, and Physician Assistant. Officers are encouraged to participate in their PAG.

The Chief Health Services Officer

The Chief Health Services Officer, also known as the Chief Professional Officer (CPO), is appointed by the Surgeon General to represent all HSOs. Because the Health Services category is professionally diverse, the CPO has the challenge of representing the many disciplines contained within the category. As part of the duties of the position, the CPO provides administrative assistance to Agency/Program heads of PHS and non-PHS programs that routinely utilize PHS personnel. Under the direction of the Surgeon General, the CPO serves as a spokesperson to national and international professional associations related to the disciplines represented by the Health Services category. The position requires that the CPO take an active role in the professional growth of the members of the category, as well as acting as an ex-officio member of the HS-PAC.

In cooperation with the HS-PAC and other HSOs, the CPO performs many activities including:

1. assisting in meeting the needs of the Category through development of proactive initiatives;
2. examining staffing issues concerning all HSOs;
3. advising the Surgeon General on matters of professional practice and activities that relate to HSOs; and
4. serving as the HSO liaison to other PHS professional categories.

The following is a list of all HSOs who have served as CPO:

CAPT Kenneth D. Howard	1978–79	CAPT Robert G. Falter	1995–99
RADM Karst J. Besteman	1979–84	CAPT Vivian Chen	1999–01
CAPT Carl G. Leukefeld	1984–89	CAPT Nina Dozoretz (Acting)	2001–02
CAPT Joseph Garcia, Jr.	1989–91	CAPT Linda Morris Brown	2002-Present
CAPT Evan R. Arrindell	1991–95		

CHAPTER 2

HISTORY OF THE HEALTH SERVICES CATEGORY

Introduction

The Health Services category was established in 1959 to meet the staffing requirements of a changing PHS. At the time, officers who were trained in a single discipline, e.g., physicians in the Medical category and nurses in the Nurse category staffed most of the PHS categories. Health professionals whose qualifications distinguished them from the existing PHS categories were needed.

The 18th, 19th, and early 20th Centuries

The origin of the PHS can be traced back to the Act for the Relief of Sick and Disabled Seamen that was signed by President John Adams on July 16, 1798. It established a hospital system to provide care for sick and disabled seamen. It also established a tax on sailors' salaries to be used by the Secretary of the Treasury to construct the hospitals in American ports. In 1870, additional legislation reorganized the hospitals into the centrally controlled Marine Hospital Service with its headquarters in Washington, D.C. The Commissioned Corps of the Marine Hospital Service, comprised of medical officers appointed by the president with the advice and consent of the Senate, was established by an Act signed by President Grover Cleveland on January 4, 1889. The name of the Service was enlarged to the Public Health and Marine Hospital Service in 1902. In 1912, Congress passed a law that changed the name of the Service to the Public Health Service (PHS) and extended its authority to include investigation of all illnesses of man and his environment.

The skills and expertise that were brought to the Corps by personnel who would later be called HSOs were sought and used by PHS doctors and nurses who conducted studies, surveys, and health education efforts in the 19th and early 20th centuries-long before the HS category was established. There is a record of a PHS statistician who participated in studies of the 1918 influenza epidemic and was placed in charge of a new Statistical Office by the Surgeon General in 1921. A bacteriologist was also listed as an employee in 1918. The Division of Venereal Diseases in 1918 included "10 assistant directors of educational work". No information is available on their formal health education training and they were not commissioned. Trained health educators worked in the venereal disease programs in the 1930's. Biologists, bacteriologists, and parasitologists were employed in malaria control efforts during World War II in the PHS Hygienic Laboratory (which evolved into NIH in 1930).

A precedent for a general health services category was found in the armed forces Medical Service Corps. Those Corps had worked very well for similar health-related specialties in the Army, Navy, and Air Force. The "health services" designation was selected by the PHS as a

means to more adequately reflect and encompass the broader PHS functions of public health (i.e., program development, consultation, regulation, research, clinical care, and administration) as compared to the Armed Forces where the Medical Service Corps was limited primarily to clinical care and administration.

It was not until 1921 that the PHS employed its first social worker. The role of social workers in the PHS expanded beyond the hospital setting in the 1940's when social workers were appointed as consultants in tuberculosis and chronic disease programs. In all likelihood, these employees were civil service or contract employees; no record exists that they were commissioned officers. They did, however, establish a need for the expertise of social workers in the PHS.

In the early 1940's, sanitarians represented one of the last groups to be placed in a single professional category. The Sanitarian category served as the "catch-all" group to accommodate nonsanitarians who would later be designated as Health Services Officers (HSOs). Social workers, health educators, statisticians, medical record administrators, non-doctoral level scientists, and others in the physical and social sciences were originally commissioned as Sanitarians. Because there was little support for continuing to designate a new category for every specialty, the Health Services category was established in 1959 as a category that could encompass diverse health services specialties that were needed to carry out the mission of the PHS.

The functions and responsibilities of the PHS expanded rapidly during the 1940's. Beginning in 1944, with the passage of the Public Health Service Act, a series of laws were passed that affected the Nation's medical research and training efforts significantly. The legislation included the National Mental Health Act (1946) and the National Heart Act (1948). The name of the National Institute of Health, established in 1930, was changed to the National Institutes of Health (NIH) to accommodate both the newly established National Heart Institute and the National Cancer Institute, established in 1937. The expanded roles of the PHS required new staff with diverse training and expertise that could be deployed rapidly to meet the Nation's most urgent health needs - a role that remains well suited to the Commissioned Corps.

Late 20th and Early 21st Centuries

The first two social workers were commissioned in 1950, and assumed key leadership positions in the NIH. One was a former Army officer who had distinguished himself by starting the social work program in the Army. He implemented the National Institute of Mental Health's grant training program to schools of social work. The other, a former Air Force officer, was appointed to plan and lead the Social Service Department of the NIH Clinical Center that opened in 1953. These appointments established a precedent for the appointment of social workers and health services individuals from other professional and specialty groups.

The role of health educators expanded in the 1950's. The first health educator was commissioned in 1953. Additional health educators were commissioned in 1955 when the Indian Health Service (IHS) was transferred from the Department of the Interior to the PHS. Health education was an integral part of Indian community health programs, which also included public health nurses and sanitary engineers. This program contributed to the dramatic reduction in acute and infectious diseases among American Indian and Alaskan Native populations.

Medical record administrators got their start in the PHS in 1947 with the founding of the Health Record Administration Program of the PHS. At that time, there was concern for the quality of medical record systems in the Marine Hospitals. By 1950, the first students were enrolled in the School for Medical Record Librarianship at the Baltimore PHS hospital. In 1966, commissions were first offered to students in the program who went on to serve in the PHS hospitals and in other assignments. Graduates of the program received a certificate of completion and were qualified to take a national examination offered by what is now the American Health Information Management Association to become registered record administrators. The school later affiliated with college programs that granted a bachelor's degree in Medical Record Administration. In all, 326 students graduated from the program at the PHS hospital prior to its closing in 1982. Approximately 100 of these graduates are, or have been, commissioned officers. Thus, the PHS played an integral part in the development of this specialty.

As mentioned earlier, professionals from environmental health and the physical and biological sciences were originally commissioned as Sanitarians then became part of the Health Services category in 1959. The professionals in these disciplines range from chemist, biologist, health physicist, and environmental specialist to those with a background in mathematics, statistics, and epidemiology. Their importance has grown tremendously as the health field has expanded in scope and complexity. They have served in many capacities in all agencies where collection or evaluation of physical or environmental measurements is required. For example, air quality and trend analysis are performed at the Environmental Protection Agency (EPA) laboratory in Research Triangle Park, North Carolina. Occupational hazards, such as ionizing and non-ionizing radiation, are investigated by the National Institute for Occupational Safety and Health (NIOSH) in Cincinnati, Ohio. The NIOSH also maintains an emergency response capability for radiological, nuclear, chemical, and biological attacks.

The Food and Drug Administration (FDA) employs HSOs in numerous activities, including medical device testing, medical drug kit testing, and food and cosmetic microbiology. Health Services Officers at NIH in Bethesda, MD, and the Centers for Disease Control and Prevention (CDC) in Atlanta, GA, and Hyattsville, MD, conduct epidemiological studies and monitor survey findings to estimate the prevalence of and the risk factors for AIDS/HIV, hepatitis, and other infectious and chronic diseases. At CDC, HSOs also conduct several population-based surveys, including the National Health and Nutrition Examination Survey (NHANES) and the National Health Interview Survey (NHIS).

In 1966, the first optometrist was commissioned and assigned to the IHS. The role of optometrists has expanded and now includes providing diagnostic and therapeutic primary eye care services. Optometrists are stationed throughout the IHS, Federal Bureau of Prisons (BOP), and the Coast Guard (CG). Optometrists are also assigned to administration and research positions within FDA.

Podiatry was added as a Corps specialty in 1978 with the commissioning of a National Health Service Corps (NHSC) podiatrist. Concurrently, the first podiatric medical students were awarded scholarships in 1978 and the first Doctors of Podiatric Medicine began serving their obligated time in 1981. In all, more than 100 students were trained before the program ended. Most of the podiatrists were assigned to NHSC sites or entered private practice in designated manpower shortage areas. A small number of placements were made with IHS clinics. The placements included nonsurgical as well as outpatient general practice assignments.

The latest additions to the Health Services category include computer scientists and physician assistants in 1989, and medical technologists and dental hygienists in 1991. In 2001, the computer science discipline was expanded to include information technology curricula. The establishment of new specialties is one way that the PHS keeps pace with changing health care staffing requirements.

Appointment Standards

Qualifications for appointment in the Health Services category are designed to assure a high standard of competence and performance from all of the disciplines and specialties that are included. When the category was first formed, the qualifications consisted of baccalaureate-level training in a health-related field. In 1967, during the Vietnam era, concerns regarding PHS competition for draft-eligible manpower prompted a review of this policy. The Assistant Secretary for Health and Scientific Affairs raised the qualifications for appointment to a master's degree for most specialties, and restricted the number of professional disciplines qualifying for appointment in the Health Services category.

This policy persisted during the early 1980's and limited commissioning into the Health Services category to those individuals with a master's degree, with a doctorate in optometry or podiatry, or certified as medical records administrators with a baccalaureate degree. Modifications have been made in recent years such that information technologists, dental hygienists, medical technologists, and physician assistants with specific training and class standing can be commissioned with a baccalaureate degree, the benchmark degree of these professions. However, for most other disciplines, the qualifying degree continues to be a master's degree or higher.

Conclusion

The Health Services category continues to grow and change to fulfill new health leadership roles. Many new health disciplines have emerged since the category was formed in 1959. Today, HSOs perform a variety of functions including direct clinical practice, program development, health planning and administration, and research. The category has grown from a small nucleus of a few officers to its present level of about 800 active duty officers. The HSO motto: "Strength Through Diversity" attests to the wide range of skills and experience possessed by this multi-disciplinary team of officers and to their pride and commitment to serving in the Commissioned Corps.

CHAPTER 3

THE COMMISSIONED CORPS PERSONNEL SYSTEM

Administration

The Commissioned Corps is administered through three offices: the Office of Commissioned Corps Force Management (OCCFM), the Office of Commissioned Corps Operations (OCCO), and the Office of Commissioned Corps Support Services (OCCSS).

The OCCFM:

- advises the Assistant Secretary for Health (ASH) on the development of all policies and regulations needed to carry out a comprehensive force management program; ;
- develops workforce and officer standards ; ;
- conducts workforce planning for all components of the Commissioned Corps; ;
- evaluates workforce effectiveness; ; and
- maintains the Commissioned Corps Personnel Manual (CCPM – the compendium of rules and regulations under which the Corps operates. The CCPM is issued by OCCO to the administrative offices of each Agency employing commissioned corps officers, and also can be found at the Commissioned Corps Management Information System’s (MIS) website, <http://dcp.psc.gov>).

The OCCO:

- provides advice to the Surgeon General (SG) on operations management of the Commissioned Corps;
- implements the policies established by the ASH;
- provides for training and career development;
- applies professional credentialing requirements;
- manages appointment, promotion, assimilation, award recognition, officer performance evaluation, retirement, disciplinary, and other-than-honorable discharge processes;
- provides recruitment services;
- manages permanent or temporary assignments, deployments, and details of Corps members;
- prepares personnel orders;
- makes recommendations to the SG on individual details for review and action by the ASH;
- reviews and makes recommendations on proposed blanket personnel agreements negotiated by the ASH;
- reviews and makes recommendations on the temporary deployments of officers not

specifically under an assignment to another Operating or Staff Division of the Department or another Department or agency covered by a memorandum of agreement or blanket detail agreement;

- provides recommendations to the SG on appeals of adverse actions that would result in the termination of officers' commissions and on formal Equal Employment Opportunity complaints;
- maintains liaison with OCCFM, and, as directed, with Departmental Operating and Staff Divisions and, as directed, with non-departmental entities to which officers are assigned under blanket agreements; and
- works with OCCFM and agencies to identify career development assignments and to identify officers to be recommended for directed reassignments where appropriate.

The OCCSS provides services for officers such as the Medical Branch and payroll.

In addition, the *Commissioned Officer's Handbook* is a valuable resource that provides easy access to information of common concern to many officers.

Most routine personnel questions can be answered at the local or Operating Division (OPDIV)/Agency level. Commissioned Corps Agency Liaisons are the primary source of information if one's supervisor or local personnel office is unable to provide the assistance needed. Since it may be necessary to contact OCCO directly to make specific inquiries or discuss career development goals, officers should become familiar with the many functions performed by OCCO, OCCFM, and OCCSS. (See CHAPTER 8.)

Appointment Standards

Candidates must be U.S. citizens, under 44 years of age with eight or fewer years of service in another uniformed service, have earned a qualifying health professional degree from an accredited program, and must pass any required medical, security, and licensure requirements. Specific appointment standards for the Health Services category can be found in the CCPM, Subchapter CC23.3, Personnel INSTRUCTION 4, "Appointment Standards and Appointment Boards."

Assignments

An officer is subject to assignment wherever needed by PHS.

Promotion

Promotion eligibility in the PHS Commissioned Corps is based on training, experience, and length of time in service and grade. Officers who are eligible for promotion are considered annually by specially constituted promotion boards. There are both temporary and permanent promotions. Officers are paid based on their temporary grade, which is usually higher than their permanent grade, except in the case of permanent O-6's who are not flag-rank officers.

Your annual evaluation, the Commissioned Officers' Effectiveness Report (COER), is an extremely important document from which the promotion boards obtain most of the performance information for promotion. Another key and vital piece of data is your curriculum vitae (CV) or resume. This document should be updated annually, as it is the only way you may communicate your accomplishments to the promotion board. (See CHAPTER 4.)

Regular versus Reserve Corps

The Regular Corps is considered to be the career service component of the PHS Commissioned Corps. The President, with the advice and consent of the Senate, appoints Regular Corps officers. The Reserve Corps expands or contracts according to the requirements and resources of the PHS, and as such, Reserve Corps officers may be the first to be subject to reductions in strength (RIS), when a RIS is required.

Assimilation

Information regarding assimilation into the Regular Corps can be found in CCPM Subchapter CC23.3, Personnel INSTRUCTION 7, and “Regular Corps Assimilation Program.” The number of Regular Corps officers is limited by law; the current ceiling is **2,800**. In anticipation of vacancies due to retirements and inactivations, officers are encouraged to apply when they meet the requirements. The minimum qualifications for consideration of a Reserve Corps officer for the Regular Corps are: (1) three years of continuous PHS service in his/her current tour of duty; (2) compliance with the specific education requirements of the professional category for Regular Corps appointment (refer to category exhibits in CCPM Subchapter CC23.3, Personnel INSTRUCTION 4, “Appointment Standards and Appointment Boards;” and (3) a “D” or “E” overall score and a supervisory recommendation for Regular Corps assimilation on the latest COER.

Billets

Billets are the descriptions of the major tasks associated with the positions to which officers are assigned. They enable management to assign and transfer officers according to their duties, to accomplish the Agencies' missions. Billets are assigned rank levels and it is very important that you be in a billet graded equal to or higher than your actual rank, especially for promotion purposes. See Appendix A for a listing of standard HSO billets.

Salary

Salary, grades, and benefits are the same as for officers in the other Uniformed Services (i.e., Army, Navy, Air Force, Marine Corps, Coast Guard, and NOAA). Salary is comprised of three elements: basic pay (which is taxable), basic allowance for housing (BAH), and subsistence (which are tax-free). Basic pay is determined by pay grade and accumulated years of creditable service in any of the Uniformed Services. Grade and years of creditable service figure into special pay allowances, as well. **Within the HS category, optometrists, social workers, physician assistants, podiatrists, and clinical psychologists are eligible for special pays.** Specific rules and pay guidelines are presented in CCPM Subchapter 22.2, Personnel INSTRUCTION. A basic feature of the Corps is its rank-in-officer concept under which officers are compensated according to their grade rather than their position.

Leave

Thirty calendar days of annual leave are earned at the rate of 2.5 days each calendar month. Annual leave is charged for non-workdays including holidays and weekends, which are surrounded by annual leave days. A maximum of 60 days may be carried over from year to year. Annual leave is used in whole-day increments. There is no sick leave accrued under the Commissioned Corps system. Instead, sick leave is granted when the officer needs health care services or is incapacitated by sickness, injury, pregnancy, or confinement. Station leave is absence from work for a period less than one workday and is not chargeable to annual leave. Station leave must have the advance approval of the immediate supervisor and must not be abused. For additional information, refer to CCPM Pamphlet No. 68, February 1998.

Benefits

Described in CHAPTER 7.

Separation

Officers leaving the Commissioned Corps under honorable conditions after service of 24 months or more are eligible for appropriate benefits administered by the Department of Veterans Affairs (VA). For additional information, call **OCCO 1-240-453-6034 to speak to the Veteran's Benefits section.** If you are planning to inactivate, perhaps for personal reasons or for educational goals, and you expect to reactivate later for extended general duty, you need to be aware of the following criteria: (1) you must meet entry physical and appointment standards to qualify for reactivation. Conditions that do not prevent your continuing on active duty now may prevent your return to active duty despite a stable medical status; (2) when you apply for reactivation you will be competing with other applicants for available billets; and (3) if you are reactivated, you will be a Reserve Corps officer even if you had been assimilated into the Regular Corps before your inactivation.

Special note: If a Regular Corps officer terminates or inactivates and is later recalled to active duty, he/she is recalled into the Reserve Corps. A former Regular Corps officer may apply for assimilation immediately upon reappointment into the Reserve Corps if the application is made

within **two** years of his/her termination or inactivation. In addition, the officer will be in probationary status for the first three years after reactivation. A Regular Corps officer who is retired and is later recalled to active duty is recalled into the Regular Corps. **If you have any concerns about meeting entry-physical standards for reactivation, you should discuss your situation with the Medical Affairs Branch in , OCCSS before you decide to inactivate.**

Retirement

The retirement system for Commissioned Corps officers is noncontributory with benefits calculated on base salary and length of service. Under certain circumstances, PHS officers can receive retirement credit for periods of active duty in other Uniformed Services and ,under specific conditions, up to five years of professional equivalent civil service time while employed in a PHS Agency. The system is structured on the basis of a 30-year career; maximum retirement pay (75% of base pay) is obtained at 30 years of service. Officers who have completed at least 20 years of Corps service, however, are eligible for retirement under certain conditions, including the proviso that their departure from the Corps will not affect Agency health programs. Retirement pay in these cases depends on the year the officer was called to active duty. There is also disability retirement when an officer can no longer perform his/her duties due to physical or mental problems. The rules governing this type of retirement are quite complex and the assistance of the **Medical Affairs Branch in , OCCSS** is often needed.

In addition to retirement pay, Commissioned Corps officers have the option of participating in the Thrift Savings Plan (TSP). The TSP is a federal government-sponsored retirement savings and investment plan that can provide additional retirement income. More information about TSP can be located at www.tsp.gov.

CHAPTER 4

CAREER DEVELOPMENT AND TRAINING

Introduction

In order to reach your career goals, it is necessary to have a certain base of knowledge and a plan that focuses on your individual development needs. Progress toward achieving any career goal may require enhancement of skills through progressively challenging job assignments and continuing education.

Five Steps To Career Development

Step 1: Personal Responsibility

You must take responsibility for planning and promoting your career! Do **not** make the mistake of relying on others, including those in your agency or the PHS, to do this for you.

Step 2: Personal Assessment

Determine the types of jobs for which you may qualify based on your current training and education. Consider the professional, technical, or personal skills you have developed on the job and through participation in professional and community organizations.

Step 3: Areas of Professional Interest

Identify the type of assignment that will best meet your professional and personal interests while taking advantage of your skills and knowledge. Categories of jobs available to Health Services Officers in the PHS include those in research, regulatory development and compliance, clinical practice, and administration.

Step 4: Sources of Information on Career Options

There are various formal and informal sources to help you investigate job and career opportunities.

Formal Sources

Formal sources of information include organizational charts and mission statements of agencies; agency personnel offices (including job opportunities for civil servants); agency representatives and PHS liaisons; the Office of Commissioned Corps Operations (OCCO); the Health Services CPO; and the HS-PAC.

Informal Sources

Informal sources of information include contacts in PHS professional associations such as the Commissioned Officers Association (COA), Reserve Officers Association (ROA), and Association of Military Surgeons of the U.S. (AMSUS); public health professional associations such as the American Public Health Association (APHA) and discipline-specific societies; professional organizations such as the many minority advisory groups, and mentors within your agency or PHS. All these sources are a way to develop a network of personal contacts. **Do not underestimate the value of networking.** Having a network of contacts can be an invaluable resource for obtaining information on career and job opportunities, maintaining and promoting professional skills, and increasing interpersonal skills both on and off the job.

Step 5: Choosing Your PHS Career

Making decisions about your career is a continuous process that will require regular re-evaluation of your goals. Each time you set a new goal by answering the question "Where do I want to go?" you must also answer the question "How do I get there?" In order to reach your career goal, you will have to complete a series of intermediate goals called milestones or benchmarks, which show your progress in technical or managerial areas. These might include assignments requiring a high level of technical expertise or responsibility, PHS awards, certification, advanced training, publications, and increased responsibility in professional associations. It is important to regularly review these benchmarks to assess your progress toward your goals.

Where do I want to go?

As a PHS officer, it is essential to show growth during your career. This is usually done by building a broader base of knowledge and becoming a program administrator or manager, or by becoming a technical expert in a specialized field. However, there is some danger with overspecialization. Extremely narrow technical abilities or skills that could not be used widely within the PHS may limit opportunities for advancement.

How do I get there?

Once you have decided on a goal, you must plan what you need to do to get there. The first thing to do is evaluate your assignment possibilities in your current job. If you are in a dead-end job, or one that you no longer find challenging or rewarding, you should move. In searching for a new job, you should consider both your needs and the needs of the PHS. You may find a more suitable job somewhere else in your agency, in another PHS agency, or in a PHS-approved job in a non-PHS agency, such as EPA or BOP. A good place to start looking is on the Commissioned Corps Management Information System (CCMIS) website (<http://dcp.psc.gov>) and click on "Jobs."

Training opportunities

The second thing to do is determine whether you have the necessary skills to be effective in a new position. There are various training programs available that can be "short-term training" and "long-term training." Short-term training is not degree-related, and can be either on a full-time or part-time basis. Short-term training is applied for at the program or agency level with a form HHS-350 (Training Nomination and Authorization). Non-PHS agencies have their own system and forms, so officers in those agencies need to check with their administrative office to find the appropriate method.

Long-term training is degree-related and can be completed on either a full-time or part-time basis. Most PHS long-term training is extramural training. Extramural training is usually provided under the auspices of non-PHS training facilities. The PHS does have limited, intramural, long-term training opportunities. In some instances, PHS training facilities may have an affiliation with non-PHS training facilities to provide part of the intramural training. Both intramural and extramural training must be approved by your agency and OCCO. You must complete form PHS-1122-1 (Application for Training for PHS Commissioned Personnel). The principal reason for training must be to benefit the PHS, with the academic degree being a secondary purpose. The CCPM provides detailed instructions on training program requirements and application procedures.

While not directly related to job performance in an agency, to prepare yourself as a PHS Officer, it is very important to take courses offered by

the Commissioned Officer Training Academy (<http://dcp.psc.gov/cota>). For officers entering service after 1 January 2001, the basic training class is five days long and is offered in various locations around country. There is also a basic class for more experienced officers. Once you have completed a basic class, you take an on-line course that goes into more detail on the subjects introduced in the basic class. After successful completion of the basic and independent courses, you will be awarded the Commissioned Corps Training Ribbon.

Preparation for a training program

You are responsible for identifying an academic program, specific courses, or residency programs. Once these have been identified, you initiate the training by completing either the long-term training form, PHS-1122-1 or the short-term training form, HHS-350. All training enhances your career and should be documented in your electronic Official Personnel Folder (eOPF). The agency and/or program usually fund the training; however, applications should be completed and submitted even if it is undecided where the funds originate. Training contracts can be amended and changed. Payback obligations, required for long-term training, are calculated after the training is complete and are usually two for one, i.e., for every year of training, two years of duty must be completed.

The OCCO Training Office informs all officers of PHS training information via a Manual Circular in the CCPM. The manual circular is published each year before nominations are due. Continuing education, whether long-term or short-term, plays an important role in an officer's career development.

If you have any questions regarding long or short-term training, or if you would like additional information about PHS training, you may contact your agency liaison or the OCCO Training Coordinator.

Conclusion

Finding and being transferred into the right job requires specific knowledge, experience, flexibility, and perseverance. Not only must you have the appropriate credentials and experience, but also it helps to know the appropriate people and to take advantage of opportunities as they present themselves. Officers flexible enough to seize an opportunity whenever it arises are more likely to reach their career goals. There is no magic formula for success. Although other people may help you during the course of your career, do not rely entirely on them. **You must take responsibility for your own career!**

The Commissioned Officers' Effectiveness Report (COER)

As the major source of information concerning each officer's service performance, the annual Commissioned Officers' Effectiveness Report (COER) is one of the most important documents in the career of PHS officers. The COER is reviewed and consulted whenever an officer is being considered for promotion, assimilation, awards, and reassignments. Since all of these actions are very competitive, it is critical that your COER be completed each year and that it accurately reflects your performance.

The COER is a web-based electronic workflow process which can be accessed from the CCMIS website (<http://dcp.psc.gov>). A manual circular on the COER process and instructions are also available.

Supervisors who are unfamiliar with the PHS evaluation procedure and system frequently rate officers. As a result, an officer could receive a rating lower than his or her peers for a comparable performance. Because this could ultimately and unfairly translate into a career penalty, it is vital for officers to ensure that a fair rating is given. To achieve this, the officer should make certain that the reviewing officials understand the PHS system, duties, and responsibilities. The following are a few tips that could help you when being evaluated by both PHS and non-PHS supervisors, and Commissioned Corps or Civil Service supervisors.

- At the beginning of each evaluation period, review the responsibilities of the position and the rater's expectations for the year.
- Explain the COER form to the rater and the reviewer if they are unfamiliar with it.
- To avoid surprises at the end of the year, routinely meet with the rater to discuss your performance to date. Such meetings will allow you and the rater to identify any weaknesses and to implement corrective actions thus avoiding any negative impact on your evaluation.
- Provide standard or average scores for your grade category. This gives the rater a basis for your rating and reduces the possibility of an evaluation that is skewed because the rater took the system too literally. Check with your Commissioned Corps Agency Liaison for guidance.
- Each officer must complete Attachment 1, "Officers Duties, Accomplishments and Goals." This attachment to Section I provides the officer with the opportunity to document their duties, accomplishments, and future goals and any training needs in order to accomplish their goals; only one page is authorized. Your attachment serves as a reminder to your supervisor prior to his/her completing your COER, and an aid to anyone else reading your evaluation.
- COER Attachment 2, "Rater's Comments", allows the rater to generate comments that will be read by the promotion board in support of your PHS/agency primary and collateral duties. Written comments by the rater are critical and should be consistent with

your COER scores. They can be a discriminating factor among officers who have very similar COER scores.

These suggestions, while valid and useful, are no substitute for frequent, open discussion with the rater. Good communication between you and your raters helps ensure fair performance evaluations.

Preparing for Promotion

Preparing for promotions is a task with which you must be continuously involved over your entire PHS career. Plan ahead and the promotion cycles may not be as traumatic or stressful.

Promotions to the O-5 and O-6 grades remain extremely competitive, and, unfortunately, not everyone will receive promotions to these grades.

Promotion boards are guided by the precepts and category-specific benchmarks (these are posted on the HSO website at <http://www.usphs-hso.org/Career/career.html>) that OCCO publishes each year. The five precepts for Promotion Year 2005 are:

- (1) performance as reflected by the COER and COER attachments (with emphasis on the past three years) as well as billet level, honor awards, and the Reviewing Official Statement (ROS), a special document for promotion eligible officers which addresses promotion readiness, leadership, and mission;
- (2) education, training, and professional development related to the needs of the PHS;
- (3) career progression and potential as reflected by assignments with increased responsibility;
- (4) characteristics of the career officer and service to the Corps including your involvement in PHS advisory groups, and other support activities, as well as your response to the Officer Statement (OS) which addresses your support of PHS Commissioned Corps activities, your commitment to visibility as an officer, and your vision and expectation of a career in the PHS Commissioned Corps;
- (5) readiness as detailed in Manual Circular 377 (note - this precept is NOT scored by the Promotion Board, information is supplied by the Office of Force Readiness and Deployment (OFRD) to OCCO)

Since Boards can only consider information in the eOPF, it is important that the eOPF contain information pertinent to the precepts. Extraneous information works against an officer because the Board needs to sift through the eOPF in search of relevant materials. Thoroughly prepared COERs and a current curriculum vitae (CV) are central to the decision making process of the Boards.

The most important documents in the eOPF are your COERs and COER attachments. Attachment I is completed by the officer and provides an opportunity for you to describe your

duties and accomplishments and plans for the future. Attachment II is completed by the rating official (your direct supervisor) and allows your supervisor the chance to evaluate your performance and conduct. Within just a few pages, information concerning an officer is presented in an organized, concise, and direct manner for the Board.

The CV should be updated at least annually, dated at the top, and have the category and your PHS serial number on the top right hand corner. Preparation of a CV is described in the next section of this manual. The CV presents the officer and restates career progression and accomplishments, reinforcing information in the COER. The CV includes information not found elsewhere in the eOPF such as professional organizations, additional licenses, honors and awards, extracurricular activities, and publications that illustrate if an officer is well-rounded and current in the field.

The Boards do not see billets but are told the billet rating (rank) and if it is a supervisory billet. Billets should accurately describe the duties and level of responsibility of the position held by the officer. It is inappropriate for an officer to request a higher billet solely for promotion purposes if the higher billet is inconsistent with actual duties and responsibilities.

Boards receive a printout of the awards received by officers. This list is limited to Uniformed Services awards recognized by the PHS and non-Uniformed Services awards authorized by OCCO. However, all non-Uniformed Service awards must be authorized by OCCO in order for you to wear them on your uniform. Awards not authorized by OCCO for wear on your uniform will not be included on the list, but should be included on the CV.

Training and continuing education play a role in career development. Unfortunately, many programs do not have funding for continuing education or training. Therefore, it may be the responsibility of the officer to arrange (and pay) for this. There are many continuing education opportunities available free or at a nominal cost.

Finally, after all the documents have been submitted for inclusion in the eOPF, you should go to the CCMIS web site and review your eOPF to make sure that it is complete (this is done by logging into the "Officer and Liaison Activities" section of the "Secure Area). Do this before the deadline to add materials to the eOPF (usually 31 December of the year preceding the year during which your promotion board will meet) in case supplemental documents need to be included.

Officers who have not been promoted should review their eOPF to read the comments from the Board. Understand that sometimes the comments are helpful, and other times, the Board does not explain its actions.

Fulfilling the precepts by meeting or exceeding the category benchmarks and continuously updating your eOPF is the path to promotion. The process is ongoing and continuous, and cannot be successfully begun a few months before the reminder to submit materials to the eOPF.

Remember to check the *Commissioned Corps Bulletin* or the CCMIS website for any changes or updates on the promotion process. Each year, the *Commissioned Corps Bulletin* contains a

summary of the most recent promotion cycle results as well as information pertaining to the next promotion cycle.

Electronic Official Personnel Folder Format

You need to go to the CCMIS website (<http://dcp.psc.gov>), click on “Secure Area,” then select “Officer and Liaison Activities,” then enter your logon ID and password, click on “Continue to Activity Menu at the bottom of the next page, and then click on the “Access New OPF Activity Menu.”

Currently, the eOPF contains material in five sections with subsections underneath. The presence of a subsection does not require that material be contained in that section. Sections I and II contain the most pertinent information concerning an officer's career development. These two sections are the main focus of reviewing officials when officers are considered for awards, assimilation, personnel actions, and promotion. Organization of the eOPF is as follows:

SECTION I – Blue Color

- Letter Reprimand
- COER Documents – Commissioned Officers’ Effectiveness Report

SECTION II – Green Color

- Promotion Information Report
- Curriculum Vitae
- Licenses, Credentials & Certificates
- PHS Awards & non-PHS Awards
- Continuing Education Documents (note - each year a listing of continuing education credits/classes taken that year should be submitted)
- Special Skills Documents
- Outside Activity Documents
- PHS Support Activities Documents

SECTION III – Yellow Color

- Privacy Act/Release of Information
- ID Cards
- Insurance Forms
- Statement of Service
- Miscellaneous Documents

SECTION IV – Pink Color

- Personnel Orders
- Security/Sensitivity Clearance Papers
- Application Documents

SECTION V – Tan Color

- CONFDOCS - Confidential Documents – Assimilation Board Score Sheet, Promotion Board Score Sheet

Preparing the eOPF Curriculum Vitae

Introduction

Your CV may be used to apply for HSO and multidisciplinary positions with the Commissioned Corps and for documentation in your eOPF. The following recommendations pertain primarily to preparing your CV for use as summary documentation in your eOPF.

Presenting Yourself

When preparing a CV for your eOPF, think of yourself as an individual on-stage—alone, presenting yourself to an audience.

This is probably the only document that you will prepare yourself for your eOPF. (Publications do not go into the eOPF.) It is your best opportunity to present yourself not only through the content of the document, but also through the appearance of the CV itself. Style, clarity, print, and attention to details such as grammar and spelling are all important when preparing your CV.

Be informative, but concise. For example, you may wish to indicate that you were an Eagle Scout; however, listing all of your merit badges would be excessive. More will be presented about appropriate documentation in this section.

The Audience

A wide variety of people will have the authority to review your eOPF. These individuals will include, but not be limited to:

- (1) promotion and assimilation boards;
- (2) agency representatives; and
- (3) those involved in personnel actions, e.g., filling vacancies, writing billet descriptions, hiring, and determining special assignments.

Ensure that your CV is complete and that it contains information relevant to those who are authorized to review your eOPF.

Any officer who is eligible for a promotion should have an updated CV in his or her eOPF before the published deadline of the promotion year. Each spring, the Health

Services promotion board, comprised of five senior HSOs, meets to review and rank all HSOs who are eligible for temporary or permanent promotion during that promotion year. These officers examine computer-generated summaries and eOPFs for each candidate while looking for information pertinent to each promotion precept. The information in your CV should be in a concise, easy-to-read, easy-to-find format. This will make the job of the reviewing officers easier and lessen the likelihood that they will miss some important, perhaps even pivotal, facts about you. A sample CV and CV summary sheet that specifically addresses the promotion precepts and HSO benchmarks are available on the HSO website at <http://www.usphs-hso.org/Career/cvguidelines.html>.

The CV Summary Sheet

Each CV should begin with a one-page cover sheet addressing each of the four promotion board scored precepts. This gives the officers reviewing your CV an overview of your accomplishments as they relate to the four promotion board scored precepts. Remember, this is a one-page summary and it should be brief. The detailed information should be contained in the body of your CV.

The CV Content

The CV is one of the most important documents for obtaining an overview of your career. The CV should summarize items found elsewhere in the eOPF and highlight information such as civic and community activities and publications that are not included in other parts of the eOPF.

To facilitate review by the Promotion Board, the format of your CV should conform to the HSO sample CV found on the HSO website at <http://www.usphs-hso.org/Career/cvguidelines.html>. All CVs must be typed and dated with your name, PHS serial number, and category on the upper right-hand corner on all sheets.

At a minimum, your CV should contain:

- The current date of the CV
- College degrees and dates awarded
- Licensure, certifications, professional credentials
- Professional experience
- Special assignments
- Participation in professional organizations
- PHS awards and honors

- PHS support activities
- Special skills
- Non-PHS awards, honors, letters of recognition, etc.
- Civic and community activities
- Continuing education courses and conferences
- Titles of publications, presentations, patents, etc.

Your CV should highlight:

- Career progression
- Assignments and geographic mobility
- Level(s) of responsibility and your value to the PHS

Education

Include all college degrees that you hold, the name of the college or university, and the dates the degrees were awarded. You may also include any extensive training that has allowed you to claim an expertise in certain areas, even though you may not have a degree in those areas.

Professional Registration/Certification

List only **current** professional registrations and certifications.

Experience

List all of the positions you have held as a commissioned officer and all other appropriate professional experience in reverse chronological order starting with your current position. This list should include permanent assignments, assignments in an acting capacity (provided personnel orders were issued or the assignment lasted more than 90 days), dates, position title, agency, location, and billet grade (if appropriate). Describe short-term special projects or assignments under the position in which they occurred. Collateral duties should be listed separately.

Describe your duties and responsibilities for each position using a bullet format. Make sure that the level of responsibility and impact is clearly indicated for each position.

Remember: Billet descriptions **are not included** in an officer's eOPF. The CV is often the only document in the eOPF that describes your level of responsibility.

Professional Organizations

List your current professional organization memberships, your status within the organization, e.g., member, associate, chairman, or fellow, and any current or past positions or assignments.

Awards and Honors

List the names and dates of all PHS awards and honors, including Exceptional Capability Promotions (ECP) you have received. The complete narrative should be available elsewhere in your eOPF. All non-PHS awards and honors should include the name of the award/honor, the organization, the date, and a very brief description of the purpose of the award/honor. **Make sure that a copy of the non-PHS award/honor is in your eOPF.**

Also, include copies of letters of recognition in your eOPF.

PHS Support Activities

List any official PHS support activities, along with the dates and your role, in which you were a direct participant, e.g., HS-PAC, promotion board recorder, appointment board, revitalization committee, Disaster Medical Assistance Team (DMAT), Commissioned Corps Readiness Force (CCRF)/Office of Force Readiness and Deployment (OFRD) or agency deployment, or Surgeon General's Ad Hoc Committee.

Special Skills

List any skills that may be of value to the PHS, e.g., proficiency in a foreign language, certified SCUBA diver, licensed private pilot, or certified emergency medical technician.

Civic and Community Activities

List all current community/civic activities, e.g., Boy or Girl Scout Troop Leader, chairman of a school or church committee, or president of the local chapter of the Sierra Club.

Publications, Presentations, and Papers

List publications in reverse chronological order noting the author(s), title, journal, volume number, page, and date published. For presentations, list the title, the occasion, e.g., conference, city, and date. For patents, list the inventors(s), name of invention, patent number, and date.

Do not include the following types of information in your CV

- Summaries of performance appraisals (COERs)
- Conferences attended
- Medical information
- Personal Information—some suggest omitting this type of information—birth date, marital status, children, hobbies, etc. Although you may expand this information in CVs that are circulated for new jobs, for purposes of the eOPF, keep this section very brief.

Where To Send Your CV and other Documents

To insure inclusion in your electronic OPF for Promotion Board review, you **MUST** fax materials to OCCO by December 31 to either one of the following numbers:

301-480-1436

OR

301-480-1407

License-type documents should be faxed to 301-443-5366.

The faxed documents enter an electronic workflow (no paper copies are produced).

Thus, the resulting images are only as good as the fax machine you use to submit the documents (streaks, crooked pages, or other errors originate with your machine).

Documents with various shades of contrast, highlighter marking, etc. do not fax well and cannot be read. Your CV summary sheet (informative cover sheet) must be included as the first page of your CV as only one document is allowed in that section of your eOPF.

Note: Please avoid using highlighters on documents to be included in your eOPF.

The Health Services Mentor Program

The Health Services Mentor Program was implemented in 1992 to promote the career development of junior officers. Junior officers who indicate an interest in participating in the program are assigned a volunteer mentor. Mentor and mentee are matched as closely as possible with respect to agency, discipline, and/or geographic assignment. The potential mentor's previous experiences, in addition to his or her current assignment, are given consideration in the matching process. While it may not be possible, for example, to link a mentor and a mentee assigned to the same IHS hospital, often a mentor previously assigned to an IHS field station, perhaps even in the same state, can be identified. Regardless of his or her background, a mentor will be able to provide general information on a wide variety of topics, such as health care and other benefits, PHS activities, professional associations, awards, mobility, promotions, and other personnel issues. Additional information can typically be obtained through a referral from the mentor.

The Mentor Program is provided as a resource for the junior officer, while it offers senior officers an opportunity to share their experience and perspective with someone who could greatly benefit from them. It should be a rewarding experience for both officers. Mentors

benefit in a variety of ways: the satisfaction of helping a young officer define and attain goals by identifying options and planning strategies; improvement in interpersonal communication, motivation, coaching, counseling, and other management skills; an opportunity to gain perspective about comparable individuals supervised on a regular basis; and the impetus to reflect on one's own goals and performance. Benefits to the new officer include: connecting interpersonally with a caring, encouraging advisor; obtaining guidance in defining and achieving goals; gaining political and cultural perspective; receiving constructive feedback; acquiring an objective and credible source of information; and resultant improvement in overall job performance. The HS-PAC and CPO strongly encourage all officers to take advantage of this worthwhile program. For further information, contact the Chairperson of the HS-PAC, the Chairperson of the Mentoring subcommittee, or visit the mentor program section of the HSO website (www.usphs-hso.org/Mentor/mentinfo.html).

Responsibilities of a Mentor

- Role model—share personal experiences, present a good example.
- Resource person—provide information on the organization, discipline, personnel system, training opportunities, networking contacts, and other areas of knowledge and experience.
- Listen—be open and understanding.
- Counsel—help identify options for promoting goals and solving specific problems, offer specific and practical suggestions.
- Insight—orient the mentee to the spoken and unspoken rules of the organization.
- Guide—offer guidance but allow the mentee to make final decisions.
- Validate—be an advocate and acknowledge achievements.
- Motivate—help set realistic goals and provide encouragement to achieve them.
- Feedback—share positive reactions and offer constructive criticism.
- Perspective—help the mentee see the big picture, put things into proper perspective.

Responsibilities of a Mentee

- Initiate—schedule discussions, actively seek out the mentor's advice.
- Honest—be open and frank; share your self-assessment of career development needs and personal career goals.
- Listen—consider all suggestions without being defensive.

- Participate—take full advantage of the services and assistance offered, make decisions based on all information gathered, follow through on suggestions that make sense.

Guidelines for a Successful Mentor-Mentee Relationship

- Schedule meetings or telephone sessions on a routine basis.
- Be prepared to ask questions that encourage thought and discussion.
- Be an active listener.
- Give direct and immediate feedback (try to understand one's own skills and talents).
- Present (accept) alternatives for consideration.
- Follow the mentor's (mentee's) train of thought.
- Maintain realistic expectations of the mentee (mentor).
- Be aware that tension is an inherent part of the career development process—change is almost always uncomfortable.
- Always summarize the most important points discussed and follow-up on them in your next session.

For more information on the HS-PAC Mentor Program go to: (www.usphs-hso.org/Mentor/mentinfo.html).

CHAPTER 5

HEALTH SERVICES CATEGORY AWARDS

The Stanley J. Kissel Award

The Stanley J. Kissel Award was instituted in 1990 to recognize an outstanding health services professional whose career accomplishments and work performance have resulted in outstanding contributions to the health of the Nation and to the mission of the Public Health Service. The award is presented annually at the Commissioned Officers Association meeting.

This award was established in memory of CAPT Stanley J. Kissel, M.S.W. At the time of his death on active duty in 1989, he was serving as Chief of the Social Work Department at the Clinical Center of the National Institutes of Health. His notable contributions to the field of social work and to the Commissioned Corps are remembered and honored through this award.

The Stanley J. Kissel Award is presented to a member of the Health Services category or equivalent civil service professional who has made a significant impact on the Nation's health. The work can be at the state, regional, national, or international level, but must demonstrate a significant impact on the health of the Nation. Nominations must also include evidence of leadership in the achievement(s) being cited, and must describe how the officer serves as a role model to others.

Nominations must include:

- (1) Nomination cover sheet
- (2) Narrative, not to exceed 3 pages (font size 10 or 12), that describes: (a) the nominee's achievement(s) and the impact on the Nation's health, and (b) the leadership of the nominee in the achievement(s) being cited and how he/she serves as a role model to others
- (3) Current curriculum vitae

Nominations for the Stanley J. Kissel Award are solicited at the beginning of the year and are due in early spring. Information on the award process and due dates are sent electronically to all HSOs, via the HSO listserv, and is published in the *Commissioned Corps Bulletin*. More information is available on the on the HS-PAC website

(<http://usphs-hso.org/Awards/kissel.html>) Members of the HS-PAC are not eligible for this award during their term on the Committee.

Previous Recipients of the Stanley J. Kissel Award

- 1990 Mr. Ralph J. Russell, M.S.W.
Director, Mental Health Rocky Boy Service Unit
IHS, Rocky Boy Reservation, Box Elder, Montana
- 1991 CAPT Richard E. Lippmann, O.D.
Director, Division of Ophthalmic Devices
Center for Devices and Radiological Health
FDA, Rockville, Maryland
- 1992 CAPT Matthew L. Henk, M.S.W.
Senior Social Work Specialty Consultant, Region 7
PHS Regional Office
OASH, Kansas City, Missouri
- 1993 CDR Thomas Bornemann, M.S.W., Ed.D.
Chief, Refugee Mental Health Branch
SAMHSA, Rockville, Maryland
- 1994 CDR Robert G. Falter, M.A., M.B.A., Ph.D.
Chief, Budget and Management Support Branch
Health Services Division, Office of the Medical Director
Federal Bureau of Prisons
Washington, D.C.
- 1995 CDR Vivian T. Chen, M.S.W., Sc.D.
Division of Quality Assurance, Policy Coordination and Implementation Branch
Health Resources and Services Administration
Bureau of Health Professions
HRSA, Rockville, Maryland
- 1996 CAPT Joseph Garcia, Jr., M.P.H.
Associate Director of Management Services
Center for Substance Abuse Treatment
SAMHSA, Rockville, Maryland
- 1997 CAPT John McCrohan, M.S.
Deputy Director, Division of Mammography Quality and Radiation Programs
Center for Devices and Radiological Health
FDA, Rockville, Maryland

- 1998 CAPT James D. McGlothlin, M.P.H., Ph.D., C.P.E.
Senior Researcher, Engineering Control
Division of Physical Sciences and Engineering
National Institute for Occupational Safety and Health
CDC, Cincinnati, Ohio
- 1999 CAPT Ellen Hutchins, M.S. W.
Chief, Maternal and Child Health Bureau
HRSA, Rockville, Maryland
- 2000 CAPT Eugene Migliaccio, Dr.P.H.
Director, Division of Immigration Health Services
Bureau of Primary Health Care
HRSA, Bethesda, Maryland
- 2001 CDR Peter Delany, D.S.W.
Deputy Director, Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse
NIH, Bethesda, Maryland
- 2002 CDR Sylvia Tetzlaff, B.S.
Program Management Officer
Division of Vaccines and Related Products Application
Center for Biological Evaluation and Research
FDA, Rockville, Maryland
- 2003 CAPT Francis J. Behan, O.D.
Director, Commissioned Officer's Training Academy
Division of Commissioned Personnel
PSC, Rockville, Maryland
- 2004 CDR Dawn M. Clary, O.D.
Deputy Chief of Optometry, Phoenix Area Office
PHS Indian Medical Center
IHS, Phoenix, Arizona

The Joseph Garcia, Jr., Award

The Joseph Garcia, Jr., Award was developed to promote the future leadership of the PHS by honoring a junior (O-2 through O-4) member of the Health Services category or equivalent civil service professional who has made a significant contribution to the advancement of the Nation's public health, demonstrated leadership in their work, and shown involvement in health-related professional or community organizations or activities. The award is presented annually at the Commissioned Officers Association meeting.

The award was established in honor of CAPT Joseph Garcia, Jr. (Ret), whose career demonstrated outstanding leadership, initiative, and dedication to improving the health of the Nation. CAPT Garcia was a role model and inspiration to junior and senior health professionals alike.

Nominations must include:

- (1) Nomination cover sheet
- (2) Narrative, not to exceed 2 pages (font size 10 or 12), that describes: (a) the nominee's contribution to the advancement of the Nation's health (i.e., the impact of the work and the role of the nominee), (b) the leadership of the nominee in the work being cited (e.g., providing vision or direction, developing an innovative approach, initiating significant activities, pursuing ongoing professional development, mentoring), and (c) involvement of the nominee in health-related professional or community organizations or activities.
- (3) Current curriculum vitae

Nominations may come from a supervisor, professional colleague, or anyone who, through a professional working relationship, can attest to the impact of the nominee's contribution's to the advancement of public health. Self-nominations will not be accepted.

Nominations for the Joseph Garcia, Jr. Award are solicited at the beginning of the year and are due in early spring. Information on the award process and nomination due dates are sent electronically to all HSOs, via the HSO listserv, and is published in the *Commissioned Corps Bulletin*. More information is available on the HS-PAC website (<http://usphs-hso.org/Awards/garcia.html>). Members of the HS-PAC are not eligible for this award during their term on the Committee.

Previous Recipients of the Joseph Garcia, Jr., Award

- 1997 LT John Hemphill, M.S.
National Drug Free Workplace Coordinator
BOP, Washington, DC
- 1998 LT Trinh K. Nguyen, B.S.
Software Engineer
FDA, Rockville, Maryland
- 1999 Dianne Cairns, M.P.H.
Public Health Analyst
HRSA, Rockville, Maryland

- 2000 LT Diane C. Hanner, M.P.H., M.S.W.
Coordinator, Geriatric Education Center
Bureau of Health Professions
HRSA, Rockville, Maryland
- 2001 LCDR Karen Sicard, B.S.
Dental Department
Crow/Northern Cheyenne Hospital
IHS, Crow Agency, Montana
- 2002 LCDR John J. Cardarelli, Ph.D., C.I.H., P.E.
Senior Research Officer
National Institute for Occupational Safety and Health
CDC, Cincinnati, Ohio
- 2003 LCDR Robbin K. Williams, B.S.
Area/Regional Dental Disease Prevention Officer
Oklahoma Area Office
IHS, Oklahoma City, Oklahoma
- 2004 LCDR Gail A. Davis, M.P.H., M.S.W.
Senior Public Health Analyst
Division of Perinatal Systems and Women's Health
Maternal and Child Health Bureau
HRSA, Rockville, Maryland

Nomination Forms

Nomination forms for the Garcia Award may be found at <http://www.usphs-hso/Awards/garcia.html>; while those for the Kissel Award may be found at <http://www.usphs-hso.org/Awards/kissel.html>.

The Health Services Officer Awards Guide

The HS-PAC Awards Subcommittee prepared the original guide in December 1996. The purpose of the guide is to inform officers of the Commissioned Corps awards process and to assist them in receiving recognition for noteworthy accomplishments. The Awards Guide, together with information in Chapter CC27 of the CCPM, provides information about the awards process. The Awards Guide is posted on the HSO Website at the following: <http://www.usphs-hso.org/Awards/awards.html>.

CHAPTER 6

PROFESSIONAL REGISTRATION, CERTIFICATION, AND LICENSURE

Some of the disciplines within the Health Services category require that the officer be licensed or certified in their profession. Only the specialties discussed below currently require licensure for applicants to qualify for an appointment. Some programs have more stringent licensure or registration requirements for certain types of assignments that must be met before an officer can be assigned to those programs. The Division of Commissioned Corps Assignment in OCCO maintains the current standards for the various disciplines that require licensure. Further details on required licensure/registration and training can be found on the CCMIS webpage at <http://dcp.psc.gov> (click on “Policies”) in the CCPM , Chapter CC23.3, Personnel INSTRUCTION 4, “Appointment Standards and Appointment Boards.”

All officers are expected to maintain a current American Heart Association (AHA) Basic Life Support for Healthcare Providers, AHA Advanced Cardiac Life Support, or American Red Cross Cardiopulmonary Resuscitation Automatic External Defibrillator for the Professional Rescuer certification.

Clinical Psychology

A current, unrestricted, and valid license as a clinical psychologist in a State is required.

Dental Hygiene

A current, unrestricted, and valid license in a State as a Dental Hygienist is required.

Medical (Health) Records Administration

A current, unrestricted, and valid registration with the American Health Information Management Association (AHIMA) is required.

Medical Technology

A current, unrestricted, and valid certification by a State, the American Society of Clinical Pathologists, or the National Certification Agency, as a medical technologist is required.

Optometry

A current, unrestricted, and valid license as a professional optometrist in a State is required.

Physician Assistant

A current, unrestricted, and valid certification as a physician assistant by the National Commission on Certification of Physician Assistants is required.

Podiatry

A current, unrestricted, and valid podiatry license in a State is required.

Social Work

A current, unrestricted, and valid state license is required. If licensure is not offered by the State in which the applicant is domiciled or the State from which he/she is called to active duty, the officer must achieve and maintain certification by an appropriate organization such as the Academy of Certified Social Workers or the Federation of Clinical Social Workers. The certification requires a master's degree in social work from a school of social work accredited by the Council of Social Work Education and at least two years of post-degree, supervised practice by a social worker who is licensed or certified by a State or by an appropriate organization such as the Academy of Certified Social Workers or the Federation of Clinical Social Workers.

CHAPTER 7

BENEFITS

Introduction

This chapter describes many benefits that are available to you as an officer. Some of these benefits are obvious; others require a bit of study or legwork to understand how to use them. All of these benefits are important and add greatly to the positive side of being an officer.

Military Benefits

Base and Post Exchanges (BX/PX)

The BX/PX of the Army, Navy, Air Force, Marine Corps and Coast Guard are available to all commissioned officers and their dependents. A valid PHS identification (ID) card is required to purchase merchandise and may be required for entry if not in uniform. Commissioned Officer Student Training and Extern Program (COSTEP) and short-tour officers also need a copy of their orders. Most facilities now take credit cards in addition to checks and cash. There are several types of stores in this system including main exchanges, which are similar to department stores, auto services, uniform shops, and miscellaneous stores including tailor/laundry, optical, flower, and fast food.

Commissary

These are the supermarkets for the military family. A valid PHS ID card is required to purchase merchandise and may be required for entry even if you are in uniform. Savings are similar to those found in discount food marts. You may pay by check if you wish. Commissaries are crowded on military paydays and weekends. In this system, baggers work for tips only.

Credit Unions

Most military facilities have credit unions available that offer the usual banking services, but may or may not allow PHS officers to be members. Branches of the PHS Federal Credit Union (<http://www.phsfcu.org/>) are located at the larger PHS installations.

Health/Medical Care

Medical care is one of the most important benefits for you and your dependents. Effective 1 January 2004, all PHS officers were directed by the acting Assistant Secretary for Health, RADM Cristina Beato, to enroll in TRICARE Prime or TRICARE Prime Remote depending on the location of an officer. When enrolled in TRICARE Prime, a U.S. Military Treatment Facility (USMTF) is responsible for providing care and authorizing outside care. When using a USMTF, you are expected to be in uniform. If you are geographically remote, you should enroll in TRICARE Prime Remote. Under this option, you may choose a primary care provider of your choice from a list of authorized TRICARE providers. Any care from that provider does not need preauthorization. Any additional care must be authorized by the Active Duty Health Care Finder for the TRICARE Prime Remote Program in your TRICARE region.

Family members have their choice of using any of the three options of the TRICARE program as well as the Uniformed Service Family Health Plan (USFHP). The HS-PAC recommends that you bookmark the TRICARE website: <http://www.tricare.osd.mil>. This website is your best means to keep up-to-date with changing health care policies.

Health care can be one of your most complicated issues. The initial contact should be the TRICARE contractor for your region – the contact information is available at <http://www.tricare.osd.mil>. If you still have problems, contact the Medical Affairs Branch (MAB) in OCCSS by calling Monday through Friday, 0800 until 1630 Eastern Time at 800-368-2777, opt #2.

Service Clubs

The most frequently used club is the Officers' Club at active duty military bases. As the name implies it is for officers only. There are also clubs that are for enlisted members only. Some small installations may have all-ranks clubs since there are not enough members to support individual clubs. Officers' Clubs usually have lounges, formal dining rooms, meeting rooms, party rooms, and other features. Officers' Clubs tend to be more formal in the evening and on weekends. Some clubs require membership in order to obtain all their benefits.

Air Mobility Command (AMC)

This Air Force command provides the facilities and equipment to travel on military flights on a space-available (Space-A) basis. This is a benefit granted by the Department of Defense to PHS officers and has very definite rules and regulations that must be followed to assure continued access. Space-A is a recreational program and is forbidden for use in temporary duty (TDY) assignments. For specific information regarding Space-A, refer to the CCPM, Subchapter CC24.1, Personnel INSTRUCTION 2, "Space-Available Travel." Two important rules are: (a) officers must be on annual leave when participating in this program; (b) dependents may

travel only when accompanied by the officer and then only to destinations outside the continental United States (OCONUS). However, dependents may now travel, accompanied by the officer, inside the CONUS under a trial program extended indefinitely by AMC. Several publications available in the BX/PX go into great detail about the use of Space-A and are quite handy if one intends to utilize this benefit. Details and specifics are also available at <http://www.spaceA.info>.

Temporary Lodging Facilities

Almost all military installations have some form of temporary lodging on base, which is available as space allows. Bachelor Officers' Quarters (BOQ) and Visiting Officers' Quarters (VOQ) vary widely ranging from simple rooms with shared bath to multi-room suites. Temporary military lodging (TML) quarters are designed for the military family and usually have multiple beds, kitchenettes, and private bath and are reasonably priced compared with commercial motels. There are several publications available at the exchange that cover the various living quarters at the many military installations both in the United States and abroad. The Navy also maintains a chain of hotel-like facilities known as Navy Lodges, which has a toll-free reservation line (1-800-NAVY INN) and a website at <http://www.navy-lodge.com/index.html>. The Army has a similar set of facilities known as Army Lodging (1-866-363-5771) (<http://www.armymwr.com/portal/travel/lodging/>) as does the Air Force with its Air Force Inns (888-235-6343 and <http://www-p.afsv.af.mil/LD/>).

Recreational Facilities

Most military installations have a variety of recreational facilities available. These include theaters, swimming pools, bowling lanes, sports equipment rentals, youth centers, and recreational information/ticket offices. Several facilities also have wilderness camps, waterfront sites, and other vacation-type sites. Officers can contact the "Morale, Welfare, and Recreation" (MWR) or "Tickets and Tours" office at each respective military installation.

Legal Services Benefits

Officers are entitled to certain legal benefits like the creation of "Simple Wills" and "Powers of Attorney." These services are provided by the legal staff of the Judge Advocate General's (JAG) office. JAG offices are found at most U.S. military installations; services are provided on a space-available basis. Officers should contact their local JAG office for additional information.

Adoption Expenses Reimbursement

Certain adoption expenses may be reimbursed by OCCSS/PSC, Compensation Branch. Officers should contact the Compensation Branch for additional information at 301-594-2963.

Department of Veterans Affairs (VA) Benefits

Death Benefits

The death benefits available from OCCSS/PSC for commissioned officers include personal assistance for the family. The person responsible for this activity is the Survivor Assistance Officer (SAO) available at 301-594-2963. The SAO advises the family about unpaid salary and lump-sum pay, burial and interment allowances, transportation of remains, death gratuity, survivor annuity, if applicable, and travel and transport to the location of the survivor's selection.

Education Programs

The VA offers three programs of educational assistance depending upon the date you originally entered extended active duty for purposes other than training. If you were on duty on or before 31 December 1976, you are covered under the GI Bill. If you were called to duty on or after 1 July 1985, you are covered under the New GI Bill. If your date falls between those periods, you are covered by the Veteran's Educational Assistance Program (VEAP). Additional information is available from OCCO at 240-453-6034. You may also visit the website at <http://www.gibill.va.gov> or call 1-888-GIBILL-1 for more information.

Housing Loans

Loan guarantees for the purchase of a home are available if you have been on duty for more than 180 days. The VA guarantees parts of the loan, interest rates are often lower than otherwise available, and no down payment is required. Local realtors, VA qualified lenders, or the nearest VA facility can provide more information.

Insurance Programs

Servicemen's Group Life Insurance (SGLI) insures active duty officers for up to \$250,000. The fee is deducted from monthly pay. The current rate is 80 cents per \$10,000 of term life insurance. Upon separation or retirement, SGLI may be converted to Veteran's Group Life Insurance (VGLI). The Compensation Branch in OCCSS/PSC, 301-594-2963, administers this program for PHS.

Soldiers' and Sailors' Civil Relief Act (SSCRA)

Since 22 April 1976, PHS officers had been covered by the SSCRA, which provided protection to members of the Uniformed Services. It has now been superceded by a new law (see the next section). However, the following provisions were the most important:

Domicile

This is the place regarded as your permanent home. Under the SSCRA, PHS officers do not lose domicile by taking up temporary residence elsewhere as a result of compliance with official personnel orders. A State (other than your home State) or locality cannot tax your income merely because you reside and/or perform duty in that State. Income other than PHS salary is not covered under the Act. Your dependents' income likewise is not covered under the SSCRA. Legal domicile is determined by you and the State tax authorities concerned. Relevant factors include where you vote, auto title, property ownership, and payment of State income tax.

Automobile Licenses, Fees, or Excises

You are not subject to auto license and related fees or excises of the State assigned, provided that these have been paid to the State of domicile. Some States also apply the exemption to driver licensure requirements, although this is not specifically mentioned in the SSCRA.

Call-To-Active-Duty Lease Protection

Leases covering dwelling and/or professional space rental may be terminated by the lessee by a notice of initial call to duty by PHS. This authority does not apply for transfers after entry on duty. Obtain the "transfer under Uniformed Service orders" clause in any lease agreement.

Reemployment Rights

Contrary to what many people believe, there are no provisions for Reemployment Rights as part of the SSCRA. Reemployment rights are under separate legislation, the Uniformed Services Employment and Reemployment Rights Act (USERRA). The best source of information on this Act is the Department of Labor (<http://www.dol.gov/dol/compliance/comp-userra.htm>).

Servicemembers Civil Relief Act (SCRA)

On 19 December 2003, President Bush signed into law the "[Servicemembers Civil Relief Act](http://usmilitary.about.com/library/milinfo/scra/blscramenu.htm)" (SCRA) [<http://usmilitary.about.com/cs/sscra/a/sscra.htm>]. This law is a complete revision of the SSCRA [<http://usmilitary.about.com/cs/sscra/a/sscra.htm>].

The SCRA was written to:

- 1) clarify the language of the SSCRA by incorporating many years of judicial interpretation of the SSCRA; and
- 2) update the SSCRA to reflect new developments in American life since 1940.

The new law, SCRA:

- 1) Extends the application of a servicemember's right to stay court hearings to administrative hearings. It now requires a court or administrative hearing to grant

at least a 90-day stay if requested by the servicemember. Additional stays can be granted at the discretion of the judge or hearing official.

- 2) Clarifies the rules on the 6% interest rate cap on pre-service loans and obligations by specifying that interest in excess of 6% per year must be forgiven. The absence of such language in the SSCRA had allowed some lenders to argue that interest in excess of 6% is merely deferred. It also specifies that a servicemember must request this reduction in writing and include a copy of his/her orders.
- 3) Modifies the eviction protection section by precluding evictions from premises occupied by servicemembers for which the monthly rent does not exceed \$2,400 for the year 2003 (an increase from the current \$1,200). The Act provides a formula to calculate the rent ceiling for subsequent years.
- 4) Extends the right to terminate real property leases to active duty soldiers moving pursuant to permanent change of station (PCS) orders or deployment orders of at least 90 days. This eliminates the need to request a military termination clause in leases.
- 5) Adds a new provision allowing the termination of automobile leases for use by servicemembers and their dependents. Pre-service automobile leases may be cancelled if the servicemember receives orders to active duty for a period of 180 days or more. Automobile leases entered into while the servicemember is on active duty may be terminated if the servicemember receives PCS orders to a location outside the continental United States or deployment orders for a period of 180 days or more.
- 6) Adds a provision that prevents States from increasing the tax bracket of a nonmilitary spouse who earned income in the state by adding in the service member's military income for the limited purpose of determining the nonmilitary spouse's tax bracket. This practice has had the effect of increasing the military family's tax burden.
- 7) Adds legal services as a professional service specifically named under the provision that provides for suspension and subsequent reinstatement of existing professional liability insurance coverage for designated professionals serving on active duty. While the SSCRA specifically names only health care services, legal services have been covered since 3 May 1999 by Secretary of Defense designations. The SSCRA permitted such a Secretarial designation, but this revision will clarify this area.

Chapter 8

ADDITIONAL RESOURCES

THE COMMISSIONED CORPS HOME PAGE

<http://www.usphs.gov/>

THE COMMISSIONED CORPS MANAGEMENT INFORMATION SYSTEM (CCMIS)

Home Page (formerly the Division of Commissioned Personnel or DCP)

<http://dcp.psc.gov/>

UNIFORMS

PHS uniforms, as well as uniform items, may be purchased from most U.S. Navy installations or ordered from the following establishments. It is recommended that the officer request a catalog, current price list, and shipping information before making purchases.

Uniform Support Center
1545 Crossways Blvd., Suite 200
Chesapeake, VA 23320
1-800-368-4088
757-420-7348

<http://www.navy-nex.com>

Lighthouse Uniform Company

1532 15th Avenue West

Seattle, WA 98119

1-800-426-5225

206- 282-5600

<http://www.lighthouseuniform.com/phs>

Marlow White Uniforms
400 Seneca
Leavenworth, KS 66048
800-255-6136
<http://www.marlowwhite.com>

REPLACEMENT RIBBONS

Replacement ribbons, insignia, and miscellaneous PHS items may be purchased from:

PHS Officers Device Supply Center
National Hansen's Disease Programs
1770 Physician's Park Drive
Baton Rouge, LA 70806
225-756-3793
FAX: 225-756-3810
http://bphc.hrsa.gov/nhdp/phs_officers_device_supply_center_main_page.htm

Ultra Thin ribbons and medals (mounted as a set) can be ordered from:

UltraThin Ribbons & Medals
Box 7161
Moore, OK 73153
800-758-7265
405-794-7892
FAX: 405-799-0499
<http://www.ultrathin.com/>

Medals and other insignia of membership from organizations, whose ribbons, medals, and insignia are authorized for wear by PHS officers, may be obtained by contacting the following organizations:

The ribbons and medals of the following organizations are authorized for wear on the PHS uniform. Replacement ribbons and medals specific to the following organizations may be ordered from the Commissioned Officers Device Supply Center or directly from the organizations:

Commissioned Officers Association
8201 Corporate Drive, Suite 200
Landover, MD 20785-2230
(301) 731-9080
FAX: (301) 731-9084
<http://www.coausphs.org>

Association of Military Surgeons of the United States
9320 Old Georgetown Road
Bethesda, MD 20814
(301) 897-8800
FAX: (301) 530-5446
<http://www.amsus.org>

Reserve Officers Association (ROA)
1 Constitution Avenue NE
Washington, DC 20002-5624
(202) 479-2200
FAX: (202) 479-0416
<http://www.roa.org>

OFFICE OF COMMISSIONED CORPS FORCE MANAGEMENT

The Tower Building
1101 Wootton Parkway
Plaza Level, Suite 100
Rockville, MD 20857
(240) 453-6161
OCCFMhelpdesk@osophs.dhhs.gov

The Office of Commissioned Corps Force Management (OCCFM) has four-components: the Immediate Office of the Director, the Division of Workforce Policy and Plans, the Division of Program Evaluation and Oversight, and the Division of Recruitment, Marketing and Information.

Immediate Office of the Director

The Immediate Office of the Director (IOD) advises the ASH on the development, issuance and interpretation of policies and regulations concerning the comprehensive force management program for the Commissioned Corps affecting all officers (active duty, reserve, warrant, inactive, and retired officers.). Also, this Office is responsible for convening and managing policy and planning related boards and committees, including convening periodic meetings of the flag officers, on behalf of the Secretary and chaired by the ASH, to obtain senior level policy advice. It directs the preparation and execution of the Commissioned Corps budget (in coordination with the OPHS budget staff) and provides liaison with the Service and Supply Fund Board.

Workforce Policy and Plans Division

The Workforce Policy and Plans Division (WFPPD) are responsible for all matters relating to the development of policies and regulations concerning the comprehensive force management of the Commissioned Corps. WFPPD collaborates with other elements of the Department as appropriate to acquire legal opinions and services as needed. It develops issuances for and maintains the Commissioned Corps Personnel Manual (CCPM), as well as regulations required for the management of the Commissioned Corps. It also develops personnel standards, including commissioning, professional, and officer competency requirements for the Commissioned Corps.

Program Evaluation and Oversight Division

The Program Evaluation and Oversight Division (PEOD) provides assistance to Director, OCCFM in all matters relating to the development and implementation of evaluations and assessment instruments used in monitoring the progress of the Corps. PEOD also oversees and evaluates the medical benefit and payroll programs. It is responsible for the support of the Executive Secretariat functions of OCCFM for boards and committees, e.g. Public Health Service Commissioned Corps Council. It also is responsible for scheduling and convening periodic meetings of the flag officers, on behalf of the Secretary and chaired by the ASH, to obtain senior level policy advice; and serves as the principal liaison for OCCFM responsible for overseeing policy development and implementation for the activities carried out by the Program Support Center and/or other contractors for the implementation of Corps-related services.

Recruitment, Marketing and Information Systems Division

The Recruitment, Marketing and Information System Division (RMISD) provides assistance to the Director, OCCFM in all matters relating to the development of policies, regulations, and programs concerning recruitment strategies, communications and marketing programs, and

information systems in the support of the Commissioned Corps RMISD is responsible recruitment strategies and policies, programs and materials, and other resources for attracting health professional audiences who potential candidates to apply for and to become members of the Commissioned Corps. It plans and oversees public affairs programs designed to raise awareness of members of the public, the press, and other external constituencies, to promote interest in the activities of the Commissioned Corps. It develops and oversees information technology and systems to support recruitment, personnel and Corps management functions and collaborates with the OSG on its implementation, usage, and improvement.

OFFICE OF COMMISSIONED CORPS OPERATIONS

The Tower Building
1101 Wooton Parkway
Plaza Level, Suite 100
Rockville, MD 20857
(240) 453-6000

The Office of Commissioned Corps Operation (OCCO):

- provides advice to the SG on matters related to operations management of the Commissioned Corps, including active duty and reserve components;
- implements the policies established by the ASH for the operations of the PHS Commissioned Corps;
- provides for the delivery of training and career development, and applies professional credentialing requirements for the Corps;
- manages systems required for selecting personnel for appointment, promotion, assimilation, and award recognition, for evaluating officer performance, and for processes required for disability retirement, disciplinary, and other-than-honorable discharge purposes;
- manages personnel administration systems for the permanent or temporary assignment, deployment, and detail of Corps members. The OCCO implements policies established by the ASH for commissioned officers on active duty, Commissioned Officer Student Training Extern Program (COSTEP) and reserve officers;
- prepares all personnel orders for approval and signature by the ASH;
- makes recommendations to the SG on individual details for review and action by the ASH; and

- provides technical review and recommendations to the SG on appeals of adverse actions that would result in the termination of officers' commissions and on formal Equal Employment Opportunity complaints.

Immediate Office of the Director

(240) 453-6000

The Immediate Office of the Director (IOD) is responsible for the day-to-day administration of the Corps, legislative proposals affecting the Corps, officer misconduct, grievance procedures, equal employment opportunity issues, the *Commissioned Corps Bulletin*, and issues that are not the responsibility of any of the other OCCO divisions.

Division of Commissioned Corps Officer Support

(240) 453-6130

The Division of Commissioned Corps Officer Support (DCCOS) is responsible for policies and procedures regarding the promotion and assimilation of an officer, performance review of officers, licensure, Corps awards program, uniforms, billets, Defense Enrollment Eligibility Reporting System (DEERS identification cards), Officer and Supervisory Training, and maintenance of the Official Personnel Folder (OPF) and associated Privacy and Freedom of Information Acts activities. The Branch is also responsible for personnel actions and the issuing of personnel orders.

Division of Commissioned Corps Recruitment

(240) 453-6135 or (800) 279-1605

The Division of Commissioned Corps Recruitment (DCCR) is the pipeline for new growth of the Commissioned Corps. DCCR is responsible for policies and procedures for the recruitment, medical clearance, and appointment of qualified new officers to the Corps.

Division of the Commissioned Corps Assignment (DCCA)

(240) 453-6125.

The Division of the Commissioned Corps Assignment (DCCA) manages the Junior Commissioned Officer Training & Externship Program (Junior COSTEP) and the recruitment and placement of Senior COSTEPs. The DCCA also manages the policies and procedures for detailing officers to non-PHS agencies.

Division of Commissioned Corps Training and Career Development (DCCTCD)

(240) 453-6140

The Division of Commissioned Corps Training and Career Development (DCCTCD) are responsible for training commissioned officers and providing development initiatives for career progression. A primary function of this division is offering the Basic Officer Training Course (BOTC).

OFFICE OF COMMISSIONED CORPS SUPPORT SERVICES

(301) 443-4748

The Office of Commissioned Corps Support Services (OCCSS) is located in the Program Service Center (PSC). OCCSS has three major components. OCCSS provides assistance in the following areas; compensations and medical inquires, and management of information systems.

Compensation Branch (CB)

(301) 594-2963 Parklawn Building, Room 4-50

The Compensation branch is responsible for pay and allowances for active-duty pay and allowances, retired pay issues, annuity payments, special pay for certain officers, deductions (e.g., tax withholding, Social Security, life insurance), indebtedness or garnishment of pay, retirement, and assistance to officers, families, and survivors in obtaining benefits to which they are entitled.

Medical Affairs Branch (MAB)

(301) 594-2052 / 1-800-368-2777, option 2

The Medical Affairs Branch (MAB) is a component of the Office of Commissioned Corps Support Services (OCCSS), providing a vast array of administrative services necessary to ensure the provision of world class healthcare for officers of the U.S. Public Health Service Commissioned Corps (Corps) through treatment authorization and case management. Specifically MAB performs the following functions:

- convenes medical evaluation boards, composed of Expert Medical Consultants, to make determinations on key "fitness for duty" issues to uphold force and mission readiness.
- Provides administrative management and direction pertaining to medical matters affecting commissioned corps officers to include the maintenance of active duty medical records received by MAB and records of sick leave.
- Works closely with commercial vendors for the provision of dental claims management

and medical claims payment services.

- Authorizes specialty dental care for active duty commissioned officers who do not receive their dental care through a Military Treatment Facility (MTF).
- Acts as Service Point of Contact (SPOC) for TRICARE related claims and authorization questions that cannot be addressed in the field.
- Convenes medical review boards for the purpose of reviewing medical waiver requests and other medical issues related to continued service in the corps and physical readiness requirements.

COMMISSIONED CORPS SYSTEMS BRANCH

Parklawn Building, Room 4-09
5600 Fishers Lane
Rockville, MD 20857
(301) 594-0961

The Commissioned Corps Systems Branch (CCSB) provides computer systems support for the Personnel, Payroll and Management Information Systems. This includes systems development, modification and maintenance; the production of official personnel orders; the production of recurring and special onetime reports; the production of payroll data including check and bond transactions for the U.S. Treasury; and the operation of an in-house data processing facility to support these functions. CCSB's customers include HRS, PSC and OPDIVs employing Commissioned Officers. PSC is responsible for personnel and payroll services for the Commissioned Corps. This includes active duty officers, retired officers and survivors-annuitants of deceased officers. CCSB provides regular reports and online query capability to OPDIVs employing officers. CCSB also provides regular electronic inputs to other Departmental systems such as the Umbrella Accounting System and the Payroll General Ledger System. CCSB also provides data to the Department of Veterans Affairs, Department of Defense, Internal Revenue Service, and the Social Security Administration. Contact CCSB by e-mail at dcp helpdesk@psc.gov

Office of Commissioned Corps Operations/OSG (OCCO)

Office of Commissioned Corps Support Services/PSC (OCCSS)

Office of Commissioned Corps Force Management /OPHS (OCCFM)

Commissioned Corps Systems Branch/PSC (CCSB)

TELEPHONE DIRECTORY

SUBJECT	PHONE	CONTACT
ADVERSE ACTIONS	(240) 453- 6002	Adverse Actions Officer/IOD
ACADEMY, COMMISSIONED OFFICER TRAINING	(240) 453-6066	COTA Director/DCCTCD
APPOINTMENT BOARDS	(240) 453-6047	Lead Military Specialist/DCCTCD
APPLICATION PROCESSING	(240) 453-6135	DCCR Personnel
ASSIMILATION	(240) 453-6036	Personnel Mgmt. Specialist/DCCOS
AWARDS	(240) 453-6062	Awards Coordinator/DCCOS
BILLETS	(240) 453-6008	Billet Coordinator/DCCA
COER	(240) 453-6048	Personnel Mgmt. Specialist/DCCOS
COMMISSIONED CORPS BULLETIN CORPSLINE	(240) 453-6084	Bulletin Editor/WFPPD
COSTEP - Junior and Senior	(240) 453-6072	COSTEP Coordinator/DCCTCD
CURRICULUM VITAE (CV)	(240) 453-6131	DCCOS Representative
DEATH/SURVIVOR BENEFITS	(301) 594-2963	Survivor Assistance

	1-(800) 638-8744	Officer/CB/OCCSS
DEERS (ID Cards)	(240) 453-6038	Project Officer/DCCOS
DENTAL PLAN (Active Duty)	(800) 866-8499	TRICARE Dental Program
ENROLLMENT/BILLING	(800) 622-2256	TRICARE Dental Program
DENTAL FORMS	> Available at	http://www.ddpdelta.org
RETIREES	(888) 838-8737	TRICARE Customer Service
DETAILS/SPECIAL ASSIGNMENTS	(240) 453-6006	Detail Project Officer/DCCA
DISCIPLINE/MISCONDUCT EMPLOYMENT/VERIFICATION	(240) 453-6002	Adverse Actions Officer/IOD
Mortgages	(301) 594-2963)	Payroll Technician/CB
Employment History/Credentials	(240) 453-6045	Privacy Act Coordinator
FORCE READINESS	ccrf@osophs.dhhs.gov	DCCOS/ Written Request
Response Questions	(240)453-6099	OFRD/OSG
Training Questions	(240)453-6103	ccrf-response@osophs.dhhs.gov
GRIEVANCES	(240) 453-6002	Adverse Actions Officer/IOD
INACTIVE AND RESERVE	(301) 443-4000	Ready Reserve Coordinator/IOD
INFORMATION SYSTEMS HELP DESK	(301) 594-0961	CC Systems Branch/EAD
LEAVE QUESTIONS		
Administrative/Annual/Station	(240) 453-6036	Personnel Mgmt.

Maternity Leave/Sick	(301) 594-2052 Or (800) 368-2777	Specialist/DCCOS Medical Affairs/OCCO
LICENSURE		
Routine Questions	(240) 453-6037	Licensure Officer/DCCOS
Limited Tour Extensions	(240) 453-6037	Licensure Officer/DCCOS
Licensure Fax Line	(240) 453-6142	
LIMITED TOURS		
Licensure	(240) 453-6037	Licensure Officer/DCCOS
Medical	(301) 594-2052	Licensure Officer/DCCOS
MEDICAL CARE		
Medical Qualifications/Applications	(240) 453-6009	HR Specialist/DCCA
Fitness-for-Duty/Medical Management		
Questions/Disability Retirement	(301) 594-2052 or (800) 368-2777 # 3	Medical Affairs/OCCSS
OFFICIAL PERSONNEL FOLDER		
Copies of Documents	(240) 453-6045	Privacy Act Coordinator/DCCOS
Document Submission (Fax Server – eOPF)	(301) 480-1436 or (301) 480-1407	
Review	View on Web	http://dcp.psc.gov - click on “Secure Area “Officer and Liaison Activity Follow instructions
PAY AND ALLOWANCES		
Active Duty	(301) 594-2963	Payroll Technician/CB
Retirees/Annuitants	(301) 594-2963	Payroll Technician/CB
Special Pay	(301) 594-2963	Payroll Technician/CB
PERSONNEL ORDERS AND		

ACTIONS Or Last Names begins with	(240) 453-6125 (240) 453-6017 (240) 453-6016 (240) 453-6019 (240) 453-6022 (240) 453-6015 (240) 453-6018	HR Specialist/DCCA S,T,J,U (Last Name) B,R,A,Y (Last Name) C,N,O,P (Last Name) M,K,E,I,X (Last Name) H,D,G,Z,Q (Last Name) L,W,F,V (Last Name)
POLICY/CCPM	(240) 453-6074	Legal Advisor/WFPPD
PROMOTIONS General/PIR Inquiries	(240) 453-6051	Personnel Mgmt. Specialist/DCCS
RECRUITMENT General Duty/JRCOSTEP/ SRCOSTEP	(240) 453-6135	Recruitment Coordinator/DCCR
RETIREMENT	(301) 594-3472	Retirement Coordinator/CB
SEPARATIONS (Processing)	(240) 453-6002	HR Specialist/DCCA/OCCO (See Personnel Orders and Actions Above)
SHIPMENT (Household)	(202) 626-5003	Prudential Relocation Services
SGLI (Life Insurance)	(301) 594-2963	Payroll Technician/CB
STATEMENT OF SERVICE Active Duty (Written Request) Not Active Duty (Written Request)	(240) 453-6125 (240) 453-6045	HR Specialist/DCCA Privacy Act/FOIA Coordinator/DCCOS/OCCO
SURVIVOR ASSISTANCE	(301) 594-2963 1-800-638-8744	Survivor Assistance/CB

TRAINING & EXPERIENCE DATES

HR Specialist/DCCA/OCCO
(See Personnel Orders and
Actions Above)

TRAINING (Long Term) (240) 453-6037

HR Specialist/DCCS

TRAVEL (per diem) (240) 453-6036

Personnel Specialist/DCCOS

UNIFORMS (240) 453-6048

Personnel Specialist/DCCOS

VETERAN'S BENEFITS

Guaranteed Home Loan Program (240) 453-6034

Coordinator/DCCOS

Education Benefits Programs (240) 453-6034

VEAP Coordinator/DCCOS

WEB SITE

<http://dcp.psc.gov>

Commissioned Corps
Management Information
System

**SURGEON GENERAL'S POLICY ADVISORY COUNCIL
AND THE COMMISSIONED CORPS LIAISONS**

PHS Agency SG's Policy Advisory Council Rep Commissioned Corps Liaison

AHRQ CAPT Ernestine Murray
AHRQ, COE
John M Eisenberg Building
540 Gaither Road
Rockville, MD 20850
Work: 301-427-1630
Fax: 301-427-1640

Bruce Immerman (CAPT ret.)
AHRQ/COE
John M Eisenberg Building
540 Gaither Road
Rockville, MD 20850
Work: 301-427-1794
Fax: 301-427-1809

Alternate: Bruce Immerman (CAPT ret.)

ATSDR CAPT Ed Kilbourne
Chief Medical Officer
ATSDR

CAPT Austin Hayes
Director, Office of CC Personnel
Centers for Disease Control and

Centers for Disease Control and
Prevention
1600 Clifton Rd, NE, MS-E60
Atlanta, GA 30333
Work: 404-498-0640
Fax: 404-521-5077
CDC@Kilbourne.us

Prevention
4770 Buford Highway, NE
M-S-K-27
Atlanta, GA 30341-3724
Work: 770-488-1890
Fax: 770-488-1970
Aeh@cdc.gov

CDC

CAPT Patricia Simone
Executive Park Dr., Building 57
5th Floor
Atlanta, GA 30329
Work: 404-498-2918
Fax: 404-427-2183
Psimone@cdc.gov

CAPT Austin Hayes
Director, Office of Commissioned
Corps Personnel
Centers for Disease Control and
Prevention
4770 Buford Highway, NE
M-S-K-27
Atlanta, GA 30341-3724
Work: 770-488-1890
Fax: 770-488-1970
Aeh@cdc.gov

FDA

RADM Steven Galson
Rockwall Bldg #2
Room 7102/HFD-001
5515 Security Lane
Rockville, MD 20852
Work: 301-594-5400
Fax: 301-594-6197
Galsons@cdcr.fda.gov

CAPT Russell Green
Parklawn Building, Room 7-59
HFA-400
5600 Fishers Lane
Rockville, MD 20857-0001
Work: 301-827-4127
Fax: 301-827-9664
rgreen@oc.fda.gov

Alternate:
RADM Linda Tollefson
Center for Veterinary Medicine
U.S. Food and Drug administration
7519 Standish Place
Rockville, MD 20855
Work: 301-827-2953
Fax: 301-827-4335
ltollefs@cvm.fda.gov

HRSA

CAPT Hilda Douglas
Parklawn Bldg., Room 7A-55
5600 Fishers Lane
Rockville, MD 20857
Work: 301-443-3613
Fax: 301-4443-8143
hdouglas@hrsa.gov

CDR Lou Ann Rector
Parklawn Bldg., Room 14A-12
5600 Fishers Lane
Rockville, MD 20857
Work: 301-443-3880
Fax: 301-443-7829
lrector@hrsa.gov

IHS

RADM Robert Harry
Indian Health Service
801 Thompson Ave, Suite 400
Rockville, MD 20852
Work: 301-443-1083
Fax: 301-480-3192
robertharry@hqe.his.gov

CAPT Paul McSherry
Indian Health Service
5300 Homestead Rd., NE
Albuquerque, NM 87110-1293
Work: 505-248-4114
Fax: 505-248-4807
paul.mcsherry@mail.his.gov

Alternate:

RADM Richard M. Church
Indian Health service
1230 Twinbrook Parkway
Suite 450
Rockville, MD 20852
Work: 301-443-0222
Fax: 301-728-3503
Richard.church@his.gov

NIH

RADM Richard Wyatt
NIH Building, Room 160
9000 Rockville Pike
Rockville, MD 20850
Work: 301-4496-4920
Fax: 301-402-4273
wyyatrg@nih.gov

Mr. Kenneth Diepold (CAPT ret.)
Bldg. 31, Room B2B63
31 Center Drive, MSC 2043
Rockville, MD 20850
Work: 301-402-0261
Fax: 301-480-1225
kdiepold@nih.gov

OS

CDR Patrick McNeilly
OS/OPHS.OHRP
1101 Wooton Parkway, Suite 200
Rockville, MD 20852

Ms. Robin Moore
HHH Building, Room 714-B
200 Independence Avenue
Washington, DC 20201

Work: 301-435-0668
Fax: 301-402-2071
pmcneilly@osophs.dhhs.gov

Work: 202-260-2306
Fax: 202-690-8558
rmoore1@osophs.dhhs.gov

SAMHSA CAPT Carol Rest-Mincberg
SAMHSA-Office of Admin
1 Choke Cherry Road
Room 8-1055
Rockville, MD 20857
Work: 240-276-2008
Fax:
Carol.rest-mincberg@samhsa.gov

Ms. Rebecca Ruiz-Sierra
SAMHSA-OA
1 Choke Cherry Road
Room 3-1018
Rockville, MD 20857
Work: 240-276-1132
Fax: 240-276-1150
r Ruiz@samhsa.gov

Non PHS
AGENCIES

BOP CAPT Nicholas S. Markides
Chief Dentist
Federal Bureau of Prisons
320 First Street, NW
Washington, DC 20534
Work: 202-353-4728
Fax: 202-305-0862
nmakrides@bop.gov

LCDR Ben Brown
Federal Bureau of Prisons
320 First Street, NW
Room 254
Washington, DC 20534
Work: 202-353-4129
Fax: 202-353-4153
bxbrown@bop.gov

Department
of Agriculture

CAPT Cindy Pond
Director, Commissioned Corp Operations
Food Safety and Inspection Services
U.S. Department of Agriculture
1400 Independence Avenue, SW

Department of
Homeland Security

RADM Paul Higgins

CAPT Michael Adess, USPHS

(Mil & CG Officers)
2100 Second St., SW (G-WK/5402)
Washington, DC 20593-0001
Work: 202-267-1098
Fax: 202-267-4512
phiggins@comdt.uscg.mil

2100 Second Street, SW (G-WKH-3)
Room 5314
Washington, DC 20593-0001
Work: 202-267-0805
Fax: 202-267-4685
Madess@comdt.uscg.mil

CDR Joan Harding
DHS/FEMA/NDMS
2323 Grand Blvd, Suite 900
Kansas City, MO 64108
Work: 816-283-7980
Fax: 816-283-7042
Joan.harding@dhs.gov

**District of Columbia
Department of
Mental Health,
SE
St. Elizabeth's Hospital**

CAPT Richard Smith
J. Howard Pavilion Medical Clinic
2700 Martin Luther King Jr., Ave,

Room 129
Washington, DC 20032
Work: 202-645-4881
Fax: 202-645-7410
Richard.smith@dc.gov

**District of Columbia
Department of
Mental Health,
Community Services Agency**

To be Announced

EPA
CAPT Susan Conrath
US EPA, ORIA Mail Code 6609J
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001
Work: 202-343-9389
Fax: 202-343-2393
conrath.susan@epa.gov

Ms. Esther DeLauder
US EPA, Mail Code 3663A
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001
Work: 202-564-0430
Fax: 202-564-0730
delauder.esther@epa.gov

Alternate:
CAPT Ray Clark
US EPA, ORIA (Mail Code 6608J)
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001
Work: 202-343-9198
Fax: 202-343-2305
clark.ray@epa.gov

CMS

CAPT Cynthia Wark
CMS
Acting Deputy Director,
Information Systems Group
Office of Clinical Standards
And Quality
7500 Security Blvd
MSC S3-02-01
Baltimore, MD 21244
Phone: 410-786-1041
Fax: 410-786-2126
cwark@cms.hhs.gov

Ms. Jane E. Leitner
CMS
7500 Security Blvd., M/S C2-09-27
Baltimore, MD 21244-1850
Work: 410-786-1786
Fax: 410-786-9580
jleitner@cms.hhs.gov

Alternate:
CAPT Sandra Robinson
CMS
7500 Security Blvd/s3-02-01
Baltimore, MD 21244
Work: 410-786-0433
Fax: 410-785-4005
Srobinson2@cms.hhs.gov

NOAA

CAPT Michael Vitch
NOAA
1315 East West Highway
Room 12734
Silver Spring, MD 20910
Work: 301-713-3440 X186
Fax: 301-713-2887

michael.vitch@NOAA.gov

**National
Park Service**

CAPT Charles Higgins
National Park Service
1849 C St., NW, Org Code 2480
Washington, DC 20242
Work: 202-513-7217
Fax: 202-371-1349
Charles.Higgins@nps.gov

Ms. Sonya Coakley
National Park Service
1849 C St., NW, Org. Code 2480
Washington, DC 20242
Work: 202-513-7215
Fax: 202-371-1349
sonya_coakley@nps.gov

**U.S. Marshals
Service**

CAPT Maria Dinger
Prisoner Services Division
U.S. Marshal Service
Washington, DC 20530
Work: 202-307-9263
Fax: 202-307-5029
maria.dinger2@usdoj.gov

HEALTH SERVICES CATEGORY COMMUNICATION TOOLS

The HSO Internet Home Page

<http://www.usphs-hso.org>

The HSO home page includes a great deal of useful information. You can mail a message to a member of the PAC, obtain a copy of the HSO Awards Guide, find information on the HSO Mentoring Program, learn more about HS-PAC activities and opportunities to become involved, and read the PAC meeting minutes. The HSO home page is linked to other Internet sites including Yahoo and Healthfinder.

OFFICE OF FORCE READINESS AND DEPLOYMENT

<http://oep.osophs.dhhs.gov/ccrf>

ccrf@osophs.dhhs.gov

General Questions

ccrf-response@osophs.dhhs.gov

Response Questions

ccrf-training@osophs.dhhs.gov

Training Questions

The Office of Force Readiness and Deployment (OFRD) oversees the readiness and deployment of the Corps as a whole. The OFRD assures that Commissioned Corps Officers are qualified through skills, education, and training to mobilize during disaster, strife, or other public health emergencies. The OFRD's mission is to coordinate rapid response to domestic or international requests, to provide leadership and expertise, and to enhance and support other DHHS OPDIVs, other government agencies, and/or other responders.

PUBLIC HEALTH SERVICE DISASTER MEDICAL ASSISTANCE TEAM

<http://teams.fema.gov/dmat/>

Located in the Washington, DC metropolitan area, the Public Health Service Disaster Medical Assistance Team (PHS-1 DMAT) is a component of the National Disaster Medical System (NDMS). The PHS-1 DMAT is committed to respond rapidly, professionally, and compassionately in times of national security concerns and disaster. Two PHS-sponsored teams formed in 1984, when the PHS developed and equipped two DMAT prototypes in Rockville and Bethesda. Those two teams merged in 1992 to form the PHS-1 DMAT. Officers outside the Washington, DC area may apply for PHS-1 DMAT membership. However, those officers must meet the participation requirements of the team. If officers believe that they cannot sufficiently participate, they may join a DMAT in their area.

COMMON ACRONYMS

AHRQ	Agency for Healthcare Research and Quality
ADEPT	Application Data Entry Processing Tracking
AID	Agency for International Development
AIDS	Acquired Immunodeficiency Syndrome
AMC	Air Mobility Command

AMSUS	Association of Military Surgeons of the United States
APHA	American Public Health Association
AISDR	Agency for Toxic Substances and Disease Registry
BCOAG	Black Commissioned Officers Advisory Group
BMP	Beneficiary Medical Program
BOP	Bureau of Prisons
BX/PX	Base Exchange/Post Exchange
CB	Compensation Branch
CCPM	Commissioned Corps Personnel Manual
CCSB	Commissioned Corps Systems Branch
CDC	Centers for Disease Control and Prevention
CG	Coast Guard
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CMS	Centers for Medicare and Medicaid Services (formerly HCFA)
COER	Commissioned Officers' Effectiveness Report
COA	Commissioned Officers Association
COLTS	Commissioned Officer Leave Tracking System
CPO	Chief Professional Officer
CV	Curriculum Vitae
DIHS	Division of Immigration and Health Services
DMAT	Disaster Medical Assistance Team
DOD	Department of Defense
EPP	Exceptional Proficiency Promotion
EPA	Environmental Protection Agency
FDA	Food and Drug Administration
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
HSO	Health Service Officer
HS-PAC	Health Services Professional Advisory Committee
IHS	Indian Health Service
JRCOSTEP	Junior Commissioned Officer Student Training and Extern Program
MAB	Medical Affairs Branch
MES	Medical Evaluation Section
MGIB	Montgomery GI Bill
NHSC	National Health Service Corps
NIOSH	National Institute of Occupational Safety and Health
NIH	National Institutes of Health
OCCO	Office of Commissioned Corps Operations

OCCSS	Office of Commissioned Corps Support Services
OCCFM	Office of Commissioned Corps Force Management
OFRD	Office of Force Readiness and Deployment
OPF	Official Personnel Folder
PAC	Professional Advisory Committee
PCC	Patient Care Coordinator
PHS	Public Health Service
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	Survivor Assistance Officer
SSCR	Soldiers and Sailors Civil Relief Act
SGLI	Servicemembers' Group Life Insurance
SPACE-A	Space Available
SRCOSTEP	Senior Commissioned Officer Student Training and Extern Program
TDY	Temporary Duty
TML	Temporary Military Lodging
TROA	The Retired Officers Association
TSP	Thrift Savings Plan
USMTF	Uniformed Service Military Treatment Facility
USPHS	United States Public Health Service
VA	Veterans Administration
VAATS	Vacancy Announcement and Tracking System
VEAP	Veterans Educational Assistance Program
VGLI	Veterans' Group Life Insurance
VHA	Variable Housing Allowance
VOQ	Visiting Officers Quarters

CHAPTER 9

MILITARY PROTOCOL, COURTESY, AND UNIFORMS

As a member of the Uniformed Services of the United States, it is important for you to be familiar with military courtesies and customs. Nothing will cause the formation of a negative opinion of you and the Corps faster than an incorrectly worn uniform, improper grooming, or lack of appropriate action or response. While it is generally unnecessary for you to know all the nuances of military protocol, you should know the fundamentals such as saluting, appropriate forms of address, and other basic courtesies.

Common sense is usually the best guide on how to act, but in some circumstances there may be a need for more formal guidelines. Published rules can be found in CCPM Pamphlet Number 61, *Information on Uniforms*, dated September 1993 and updates published in the *Commissioned Corps Bulletin*. The best source of personal knowledge is often a current or former member of the Armed Forces or an experienced PHS officer.

Also, useful resource books, such as *The Bluejacket's Manual* published by the United States Naval Institute, Annapolis, Maryland, are available at military exchanges.

Protocol

Covered versus Uncovered

You can never go wrong if you are "outdoors" and "covered," i.e., wearing your cover (headgear). "Outdoors" includes covered walks, theater marquees, and overhangs that extend over the sidewalk. You should be uncovered when "indoors."

Each agency and/or military installation has its unique regulations designating covered areas vs uncovered areas.

Posting of Colors

This refers to paying tribute to the United States Flag. There are two daily ceremonies in which uniformed service personnel will salute the colors (national flag). The first is the raising of the flag at the beginning of the day (at 0800). The second is at "sunset," and consists of lowering the national flag. During both situations, if you are outdoors, you must stop what you are doing, face the flag or the direction in which colors are being held or, if the flag is not visible, toward the direction of the music, come to the position of attention and render a hand salute.

You must hold this salute until the last note of the music; then you may proceed. On Army and Air Force installations, it is customary to stop your vehicle, get out, come

to the position of attention, and render a hand salute if colors or retreat is sounded. On Naval or Coast Guard installations and colors or retreat is sounded, you must stop your vehicle and sit at attention until the last note of the music is sounded; then you may proceed. If you are in doubt as to sit at attention or exit your vehicle, it is better to be formal than disrespectful. Therefore, it is recommended that you exit your vehicle, face in the direction where colors are being held, come to the position of attention and render a hand salute.

If you are not in uniform, you should face the flag or the direction of the music and stand at attention with your right hand over your heart. **When in uniform, never place your hand over your heart.** When in uniform and covered, you should stand at attention, face the flag and salute. When in uniform and uncovered, you should stand at attention and face the flag with no salute.

Pledge of Allegiance

When uncovered, you face the flag, stand at attention, and recite the pledge. When covered, you face the flag, stand at attention, and render a hand salute during the pledge.

Playing of the National Anthem

When covered, stand at attention, face the flag and salute. When uncovered, (inside) stand at attention, but do not salute.

Playing of the PHS March

You stand at attention and face the PHS flag.

Hand Salutes

You must be able to render and properly return a hand salute. Salutes are performed by smartly raising the right hand until the tip of the forefinger touches the lower part of the headgear, thumb and fingers extended and joined, palm to the left, upper arm horizontal, forearm inclined at 45 degrees, hand and wrist straight while turning the head toward the person being saluted. To complete the salute, drop the arm to its normal position by the side in one motion while turning the head and eyes to the front.

Initiating a Salute

It is the responsibility of junior-ranking personnel to initiate the salute. In other words, enlisted personnel initiate the salute toward you and you initiate toward officers whose rank is senior to yours. When you meet an officer of the same rank, a salute is optional.

Greetings (when saluting)

When you are initiating the salute, accompany your salute with "Good Morning (afternoon, evening, or night, as appropriate), Sir or Ma'am." If you are returning the salute, you should respond with "Good morning (afternoon, evening, or night, as appropriate)." Officers are usually addressed by their rank, i.e., "Good evening, CDR Smith." You can never go wrong using "Sir" or "Ma'am," but, upon the initial meeting of the day, it is a nice touch to properly address a senior officer.

Timing of Salutes

Salutes are usually rendered between six and 30 paces while covered, however, saluting is more effective between six and 10 paces. If running, you should slow down to a walk prior to saluting. If standing, you should face the senior officer, come to attention, and then render the salute. Salutes should be rendered when officers meet and just prior to departure if a conversation is held. It is the junior officer's responsibility to initiate both salutes. Salutes should be rendered and returned to all members of Uniformed Services. Some services salute in uncovered situations, the proper response is to greet the person saluting you with "Good Morning," "Good Afternoon," or "Good Evening," depending on the time of day. When approaching a group of officers of different ranks, the salute should be directed toward the senior officer. Likewise, if a senior officer approaches a group of officers they should all stop what they are doing and render a proper salute. If you are in doubt, or cannot see the rank device, salute anyway and err on the side of caution.

Situations When Not To Salute

Saluting should not be performed in public conveyances such as inside a metro car or on the platform when obviously inappropriate. You do not salute in other public places where inappropriate, such as theaters, hotels, restaurants prior to being able to remove the cover. When carrying articles in both hands and you approach the "salute zone" from the front, or when abreast of the senior officer say "By your leave Sir or Ma'am." The senior officer should say "Carry-on," "Very Well," or "Permission Granted."

Senior Officers Entering a Room

In an environment with other services, when a senior officer (generally O-6 and above) enters a room or an area where there are mostly enlisted personnel present, in most situations, those personnel will be called to attention. If you are faced with this situation, the proper response is simply, "Carry on" or "As you were."

In PHS, the analogous situation is when a flag officer enters a room with no other flag officers present. The first officer to notice the flag officer is to call, "Attention on deck!" At that time, all officers come to attention until the flag officer orders something to the effect of "Carry on" or "As you were."

Proper Salute When Overtaking a Senior Officer

When moving faster than a senior officer in front of you, you render a hand salute when abreast of the officer and say "By your leave, Sir or Ma'am." The senior officer should return your salute and say "Carry-on," "Very Well," or "Permission Granted." You may then drop the salute and proceed.

Riding in a Car

The place of honor is always on the right, so the senior officer sits on the right. This holds true when walking with a senior officer also. It is the junior officer's responsibility to line up on the correct side of the senior officer. When entering a vehicle the junior officer should enter first and the senior officer last so the senior officer will be in position to exit the vehicle first.

Man or Woman First?

If a male officer is with a female officer, the woman goes first except in these instances: when assistance is needed; when there is no one to escort the female officer to the appropriate seat in a public area; when there is a large crowd where the male officer will clear the way; and at official occasions where rank takes precedence over gender.

Courtesy

Standing

When seated and uncovered a junior officer stands and come to attention when approached by a senior officer. At that point, the senior officer should say "At Ease," "Carry On," or "Be Seated." All officers should stand immediately when a flag-rank officer enters the room. The flag officer should then give one of the above commands.

Meals

During meals, junior officers begin eating only after the highest-ranking officer begins to eat. The highest-ranking officer at the table should begin eating after the highest-ranking officer in the room begins their meal, then other officers at the table may begin. It is the junior officer's responsibility to perform this act of courtesy. The senior officers should also be aware others are waiting for their lead.

Meetings

In meetings, officers use the same courtesy observed in other situations. Senior officers should be addressed as, “Sir” or “Ma’am” or rank and name. Junior officers should be addressed by their rank or rank and name. This is especially important to remember in meetings with other Uniformed Services personnel. Through custom, PHS officers often do not observe this courtesy, but you can never go wrong by following it. In any case, you should never address a senior officer by first name in public meetings (i.e., those in which personnel other than PHS officers are present) and in other settings only with the permission of the senior officer.

Uniforms

Uniform of the Day

The Uniform of the Day is the uniform(s), prescribed from among the PHS-authorized uniforms, by your Local Uniform Authority (LUA) generally based upon the season of the year. The LUA for the Washington, DC area is the Surgeon General. There are other LUAs for each agency for other areas of the country. Check with your LUA for guidance on seasonal wear and variances and with questions about appropriate wearing of the uniform.

Quality

All uniform components should be obtained from official uniform suppliers that meet the specifications listed in the CCPM (including shirts, blouses, skirts, pants, shoes, etc.) and must fit in a reasonable manner and be of the same material or designated combination.

Cleanliness

Your uniform should be clean and all devices, insignia, lace, with ribbons neat and free of tarnish or fray. Shoes should be shined and in good repair.

Identification Badges

You must continue to be in proper uniform with name tag, ribbons, rank device, and corps device on your uniform. Additionally, no article(s) other than the agency or meeting identification badge should protrude from or be attached to the uniform (e.g., pens, pencils, calculators, and necklaces).

Jewelry

One watch and one bracelet are permitted. One finger ring per hand in addition to a wedding ring is permitted. Ankle bracelets are not permitted. Appropriate tie clasps/tacks may be worn one inch below the center of the male officer's tie. Earrings are not authorized for male officers, while female officers may wear 6 mm gold ball earrings.

Ribbon Bars

Ribbons are worn on the left breast with the lower edge of the bottom row centered one-fourth inch above the pocket or in the same relative position as if a pocket were present. Ribbons should be worn in the appropriate descending order of precedence as prescribed in the CCPM with the highest honor placed on the uppermost row nearest the heart.

Men's Grooming

Men's hair must be neat, clean, and groomed in a tapered manner without touching the ears or collar and not fall below the eyebrows when the headgear is removed. The bulk of the hair should not exceed two inches. Sideburns should be neatly trimmed, tapered, of even width (not flared), not extend below the earlobe, and end in a clean-cut horizontal line. Beards and/or mustaches should be neatly trimmed and groomed. The bulk of the beard should not exceed one-half inch and the length should not exceed one inch. Unless worn with a beard, a mustache should not extend below, nor outward more than one-quarter inch beyond, the corners of the mouth. Whether worn with a beard or separately, no portion of the mustache may extend below the line of the upper lip. PHS is the only service that authorizes beards to be worn routinely, i.e., for other than medical reasons.

Women's Grooming

Women's hair must be worn in a conservative arrangement that may touch the collar but not fall below it or show under the brim of the hat. Ponytails and hair ribbons are not permitted. Braids and plaited hair may be worn close to the head but must not interfere with the proper wearing of the headgear, and not be done in an overtly ornate manner or include beads, objects, or decorative items. Inconspicuous pins or

fastening devices may be used if a neutral or hair-matching color. Cosmetics should be inconspicuous and in good taste. Nails may extend no more than one-fourth inch beyond the fingertips and be polished with a neutral or clear shade. Hosiery should be beige or neutral shades, undecorated, and seamless. Glasses should be either military issue or of a similar conservative style from commercial sources.

Closing

Not all officers remember all these instructions when a proper appearance is necessary, and usually at the most inopportune time. It is common for clutch-backs, devices or ribbons to fall off, device pins will break and devices will swing a kilter to the remaining pin, shoe laces break, hats are forgotten, hems come undone, and any number of minor mishaps. You should inform fellow officers of a uniform problem, but you **MUST** be polite and discrete in how you let them know since they may truly not know. Never do this in front of others and never do it in anything but a sincere manner. This is true in all situations, but particularly when junior officers address senior officers. It is prudent to keep several spare clutch-backs in a small bag in your office desk drawer, a spare set of PHS collar and rank devices, and safety pins for lost or loose buttons. Paper clips and binders are handy in a pinch, and a complete spare (seasonal or Dress Blue) uniform in the office is never a bad idea. Dress for success, and show you are part of a special service with a proud and distinct history.

HEALTH SERVICES OFFICERS – RESOURCE DIRECTORY

APPENDIX A

STANDARD HSO BILLETS

Social Work

11CC060	Clinical Social Worker (Entry Level)	(0-2)-180
11CC061	Clinical Social Worker	(0-3)-250
11CC062	Independent Clinical Social Worker	(0-4)-350
11CC063	Senior Clinical Social Worker	(0-5)-400
11CC064	Clinical Social Worker Supervisor	(0-5)-450
11CC065	Clinical Social Work Administrator	(0-6)-600
11CC066	Clinical Specialty Consultant	(0-6)-500
11CC070	Social Work Program Development Officer	(0-3)-250
11CC071	Independent Social Work Program Development Officer	(0-4)-350
11CC072	Social Work Specialty Consultant	(0-5)-400
11CC073	Senior Social Work Specialty Consultant	(0-6)-500
11CC074	Social Work Program Administrator	(0-6)-600

Optometry

11CC090	Optometrist (Basic)	(0-3)-300
11CC091	Optometrist (Advanced)	(0-4)-350
11CC092	Chief Optometry	(0-4)-370
11CC093	Deputy Chief (Complex)	(0-5)-400
11CC094	Chief of Optometry, District (General)	(0-5)-400
11CC095	Chief of Optometry (Complex)	(0-6)-550
11CC096	Chief of Optometry Area	(0-6)-600
11CC097	Chief of Optometry Program	(0-6)-650

Physician Assistant

11CC102	Physician Assistant	(0-2)-200
11CC103	Physician Assistant (Basic)	(0-3)-300
11CC104	Physician Assistant (Advanced)	(0-4)-350
11CC105	Supervisory Physician Assistant	(0-5)-450
11CC106	Senior Clinical Physician Assistant	(0-5)-400
11CC108	Clinical Specialist Consultant Physician Assistant	(0-6)-500
11CC109	Physician Assistant Supervisory	(0-6)-550

Podiatry

11CC113	Chief Clinic Podiatrist	(0-5)-400
11CC115	Chief Hospital Podiatrist	(0-6)-600
11CC116	Staff Medical Center Podiatrist	(0-4)-350
11CC117	Deputy Chief Medical Center Podiatrist	(0-5)-450
11CC118	Chief Medical Center Podiatrist	(0-6)-600

Dental Hygienist

11CC140	Staff Dental Hygienist (Basic Clinical)	(0-2)-200
11CC141	Staff Dental Hygienist (Advanced Clinical)	(0-3)-300
11CC142	Dental Hygienist Community-Clinical	(0-4)-350
11CC144	National Program Dental Disease Prevention Officer	(0-6)-500
11CC145	Dental Hygienist Periodontal Disease Prevention Officer	(0-5)-400
11CC148	Periodontal Disease Prevention Officer	(0-5)-400

Health Record Administration

11CC150	Health Record Administrator (Entry Level)	(02)-200
11CC151	Health Record Administrator	(03)-300
11CC152	Supervisory Health Record Administrator	(04)-370
11CC154	Chief Health Record Administrator	(04)-370
11CC155	Specialist Health Record Administrator	(04)-350
11CC156	Assistant Chief Health Record Administrator	(05)-450
11CC157	Chief Health Record Administrator	(05)-450
11H 158	Senior Specialist Health Record Administrator	(05)-400
11H 159	Area Regional Health Record Consultant	(05)-400
11H 160	Deputy Director Medical Record Department	(06)-500
11H 162	Chief Medical Record Administrator	(06)-600

Medical Technology

11CC170	Staff Technologist (Entry Level)	(0-2)-200
11CC171	Staff Technologist	(0-3)-300
11CC172	Senior Technologist I	(0-4)-350
11CC173	Senior Technologist Specialist	(0-4)-370
11CC175	Chief Technologist (SM.H./M.H.C.)	(0-5)-450
11CC176	Senior Technologist II (L.H/M.C.)	(0-5)-400
11CC177	Laboratory Specialist (L.H/M.C.)	(0-5)-400
11CC179	Chief Clinical Laboratory (M.C.)	(0-6)-600
11CC180	Area/Regional Laboratory Consultant	(0-6)-500

Master's Level Research

11CC130	Junior Assistant Research Officer	(0-2)-200
11CC131	Assistant Research Officer	(0-3)-300
11CC132	Research Officer	(0-4)-350
11CC133	Senior Research Officer	(0-5)-400
11CC134	Expert Research Officer	(0-6)-500
11CC135	Supervisory Research Management Officer	(0-5)-450
11CC136	Senior Supervisory Research Management Officer	(0-6)-550
11CC137	Senior Research Administration Officer	(0-5)-400
11CC138	Expert Research Administration Officer	(0-6)-500

General

99CC352	Wellness Center Coordinator	(0-5)-450
99CC353	Area/Regional Fitness/Wellness Coordinator	(0-6)-600
99CC700	Assistant Program Management Officer	(0-3)-300
99CC701	Staff Program Management Officer	(0-4)-350
99CC702	Program Management Officer	(0-5)-400
99CC703	Supervisory Program Management Officer	(0-5)-450
99CC704	Senior Program Management Officer	(0-6)-500
99CC705	Senior Supervisory Program Management Officer	(0-6)-600
99CC708	Senior Program Management Officer	(0-5)-500

HEALTH SERVICES OFFICERS – RESOURCE DIRECTORY

APPENDIX B

**HEALTH SERVICES DIVISIONS
AND
CURRENT DISCIPLINE CODES**

HEALTH ADMINISTRATION AND HEALTH EDUCATION	CLINICAL	BASIC AND APPLIED SCIENCES
<p>ADMINISTRATION</p> <p>0670 Hospital Administration 0671 Medical Care Administration 0669 Medical Records Administration 0693 Public Health Administration 0181 Psychology Administrative</p> <p>EDUCATION</p> <p>1725 Public Health Education</p> <p>GENERAL</p> <p>0345 Program Analyst 0672 Public Health</p>	<p>0682 Dental Hygiene 0644 Medical Technology 0662 Optometry 0606 Physician Assistant 0600 Podiatry 0180 Psychology Clinical 0677 Rehabilitation 0185 Social Work</p>	<p>0478 Bacteriology 0479 Biochemistry 0401 Biology 1525 Biostatistics 1320 Chemistry 0330 Computer Systems Admin. 0336 Computer Science 0334 Computer Specialist 0679 Environmental Health 0678 Epidemiology 1306 Health Physics 0690 Industrial Hygiene 1520 Mathematics 1529 Mathematical Statistics 0403 Microbiology 0480 Pathology 1310 Physics 1301 Physical Science 0413 Physiology 0182 Psychology Research 0676 Radiological Health 0184 Sociology 1530 Statistics 0415 Toxicology</p>